

David P. Mueller and Associates, Inc.
Financial Agreement and Release of Information

Authorization and Consent for Treatment/X-rays

I hereby give authorization for examination and necessary treatment and x-rays by David P. Mueller and Associates, Inc. and/or medical staff members on behalf of myself/minor for which I am consenting. I understand that during treatment, the possibility exists for health care workers to become directly exposed to the patient's blood or bodily fluids. In the event of such direct exposure in a manner that may, according to the Centers of Disease Control Guidelines, transmits AIDS (Acquired Immune Deficiency Syndrome), a sample of the patients blood will be tested for the presence of infectious disease such as hepatitis, syphilis, and HIV. I consent that the results of the test will be released to me and the health care worker who suffered exposure. I further understand that I will be given an explanation about the procedure and will be given the opportunity to ask questions about the procedure. _____ INITIAL

Release of Information

I hereby authorize the release of any and all medical and/or charge information as is necessary for third party reimbursement from any governmental agency or insurance payer involved in the payment of my/minor for which I am consenting medical treatment. I authorize the release of any and all medical information to any physician, facility and/or hospital involved in my/minor for which I am consenting care. In addition, I authorize representative of David P. Mueller and Associates to leave appointment and testing reminders on my answering machine. _____ INITIAL

Obligation of Payment

I direct and assign payment from my Insurance Company to David P. Mueller and Associates, Inc. I understand that my insurance policy is a contract between me and my insurance company, and that I am responsible to David P. Mueller and Associates, Inc. for any charges not covered by my insurance including co-payments, deductibles, and fees for non-covered services. Upon default on any payment due to David P. Mueller and Associates, Inc., I agree to pay all cost of collections and court proceedings including collection agency fees of 33-1/3% or any attorney's fees of 33-1/3%. Some insurance plans (Medicare, Blue Cross, Tricare, and Sentara) require lab work be billed by the laboratory performing the testing. In the instances, I understand that I will receive a separated statement and bill from the lab performing the test. I have read and agree to the terms of the Patient Financial Policy . _____ INITIAL

Balances Due and Billing Questions

Once payment has been received from my insurance company, any balance remaining on my account will be payable by me upon receipt of my statement. Charges not billed to my insurance company are due prior to leaving the office (i.e. co-payments and deductibles). I have been informed that a fee of \$30.00 will be charged to my account for all returned checks. Returned check fees can only be paid in cash, money order or credit card. An Interest Rate of 1.5% (18% APR) will be added to accounts 90 days past due. Please direct all billing inquiries to our Billing Representative. _____ INITIAL

Broken Appointments

Appointment time is specifically reserved for your/minor's care. You must give our office **24/hrs** notice of changing your appointment, so that we may offer this time to another client. Failure to do so may result in a charge of \$50.00 dollars. _____ INITIAL

Acknowledgements/Privacy Practices

I patient/guardian acknowledge that I have been provided with David P. Mueller and Associates, Inc. Notice of Privacy Practices (HIPPA) and given the opportunity to ask questions about the information provided. I certify that I understand the contents of this form. _____ INITIAL

Video/Audio Restrictions

I understand and acknowledge that to ensure confidentiality and privacy, any type of Video/Audio recording is strictly prohibited at any location in this office. _____ INITIAL

Patient Name: _____ Guarantor: _____

Date: _____ Witness: _____