



CONSENTS

PATIENT NAME: _____ DOB _____

FOR TREATMENT:

My signature below authorizes treatment by the physicians, nurse practitioners, and staff who are under the direction of the providers of Ohio County Hospital Corporation.

FOR PAYMENT:

I hereby authorize the release of any Personal Health Information to the insurance provider for lawful uses including processing of claims. I further authorize payment directly to the provider for the medical or surgical benefits, if any, that would be otherwise payable to me under the terms of my insurance. This includes payment of appropriate government programs (i.e. Medicare, Medicaid, Champus, etc).

Our Physicians require you to direct all financial concerns to the Administrative Staff.

I have read and understand the above financial policy and have been made aware that I am responsible for the balance on my account for professional services rendered.

PRESCRIPTION INFORMATION:

I hereby authorize the physicians, providers, and employees of Ohio County Healthcare involved in my care to access my prescription history from my prescription insurance plan.

COMMUNICATIONS:

I authorize Ohio County Hospital Corporation and any of its agents to contact me by telephone, at any of the numbers provided including any wireless number for me and/or my spouse, which could result in charges to me/us. I authorize that my spouse or I may also be contacted by sending text messages and/or emails, using any email address provided by me/us via patient portal. Furthermore, I also authorize methods of contact which may include using pre-recorded and/or artificial voice messages and/or automatic dialing devices. This express consent applies to all past, current and future accounts in this office. I understand such notification could involve but is not limited to appointment reminders, test results, payment reminders, debt collection and advertisement of services. I understand it is my responsibility to keep my contact information up-to-date, including phone numbers.

Signature of Patient or guardian: _____ Date: _____

Clerk Signature: _____ Date: _____

****The above signature will be valid for a lifetime, without yearly renewal, unless revoked by signee in writing.**