

CONSENT FOR SURGERY CENTER/PHYSICIAN MEDICAL SERVICES

CONSENT FOR SURGERY CENTER SERVICES: Consent is given to Surgery Center, its contractors and its employees to provide surgical care and administer physician orders. Certain procedures require a separate Consent. The physician is responsible for explaining medical or surgical procedures. The undersigned authorizes observers to be present during treatment/surgery for purposes of their medical training and education.

PERSONAL VALUABLES: The Surgery Center is not responsible for personal property.

AUTHORIZATION TO RELEASE INFORMATION: The undersigned authorizes the Surgery Center and physician rendering service, for example, Anesthesiologists, Radiologists and Pathologists, to release medical or other information about the patient which may be necessary for the completion of insurance claims, review of services, or receipt of benefits. Such information may include current medical records. The information my be released to third-party payor, including the third-party payor's agent and/or representative.

ASSIGNMENT OF BENEFITS: The undersigned authorizes payment of benefits, including insurance benefits, otherwise payable with respect to the patient, to the Surgery Center or any physician rendering service, for example Anesthesiologist, Radiologists and Pathologist. The undersigned agrees to assist in the processing of claims for benefits.

MEDICARE AUTHORIZATION: I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is Correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Healthcare Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request the payment of authorized benefits be made on my behalf to the Surgery Center or any physician rendering service during my treatment.

FINANCIAL RESPONSIBILITY: The undersigned jointly and severally agree to pay for Surgery Center services and accommodations and physician services. It is understood and agreed Surgery Center charges not paid may be placed with an attorney or collection agency. It is understood and agreed that reasonable attorney fees and/or open account interest charges assessed are payable by the undersigned. To the extent not expressly prohibited by applicable law, the undersigned, jointly and severally, agrees to pay all Surgery Center charges not paid in full to the Surgery Center by a third-party payor.

The undersigned certifies the foregoing statements and consents have been read and understood. The undersigned is the patient or duly authorized as the patient representative to execute and accept its terms.

Witness Signature		Patient Signature	
Date	Time	(or Authorized F	Guarantor Signature Representative/Relationship to Patient)
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ATIENT IDENTIFICATION		Date	Time

Surgery Center of Santa Fe 2947 Rodeo Park East Santa Fe, New Mexico 87505