

NORTHWEST MEDICAL ASSOCIATES, P.S. (NWMA)

222 NE Park Plaza Drive, Suite 100

Vancouver, WA 98684

360-254-8025

Consents, Releases, and Agreements

<i>Patient Name (please print)</i>	<i>Date of Birth</i>
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Consent to Treat

I authorize Northwest Medical Associates, P.S. and its personnel to provide ongoing medical care, treatment and procedures as ordered by the physicians and/or other health care providers. I acknowledge that no guarantee can or will be made as to the results of the care, treatment and medication prescribed.

<i>Patient Signature</i>	<i>Date</i>
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Notice of Uses and Disclosures of Protected Health Information

I acknowledge that I have been provided with NWMA's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that may occur in my treatment, payment of bills, or in the performance of health care operations of NWMA, as well as my individual rights and duties of NWMA with respect to my protected health information.

I understand that Northwest Medical Associates, P.S. may use or disclose my protected health information to diagnose or provide treatment for me, to obtain payment for health care expenses, or to conduct health care operations. "Protected Health Information" includes information created, maintained, or received by NWMA that identifies me, or from which my identity could be determined, and which relates to my past, present or future physical or mental health, condition, treatment, or payments for medical services.

NWMA reserves the right to change the privacy practices that are described in its Notice of Privacy Practices. NWMA will post any revised Notice of Privacy Practices in its office. In addition, I may obtain a revised Notice of Privacy Practice by contacting NWMA and requesting a revised copy to be sent in the mail or asking for one at the time of my next appointment.

<i>Patient Signature</i>	<i>Date</i>
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Please take the time to read and sign our *office and financial policies* to acknowledge your understanding of them.

Office Policies

1. Please contact our office at least 24 hours in advance if you are unable to keep your scheduled appointment
2. Arriving late for an appointment can disrupt your practitioner's schedule and the schedules of subsequent patients. Therefore out of respect for our patients and our practitioners, patients arriving considerably late *may* have their appointment canceled.
3. PLEASE NOTE: If the patient does not show up for a new patient visit or an extended visit, or cancels within 24 hours, a \$50 charge for a regular appointment and \$100.00 for an extended appointment may be assessed. When you schedule an appointment we reserve that time exclusively for you. If you miss that appointment, it is

too late to schedule another patient for your reserved time. Therefore, we may charge a fifty dollar fee for each no-show appointment. This fee cannot be billed to insurance and is fully the patient's responsibility. Three missed visits are grounds for dismissal from our practice.

4. Please bring a current medication list to your appointment.
5. It is helpful if you have a list of your medical problems or concerns. We will do our best to address each problem; however, a follow-up appointment may be necessary.

Financial Policies

1. Your insurance policy is a contract between you and your insurance company. Northwest Medical Associates is not a party to that contract. As a service to you we can bill your insurance provider. It is your responsibility to provide our office with your insurance details and present your insurance card to our staff so we can bill your insurance carrier completely and accurately. It is your responsibility to be aware of your coverage and co-pay, as well as any deductible and maximums, per your insurance contract. All co-payments are due and payable at the time of each visit.
2. Your insurance provider may pay only a portion of the charge for your visit. After your insurance carrier has notified us of payment or non-payment, any balances due to us will be billed to you. You are responsible to pay any balance on your account. Considerably delinquent accounts are subject to collection procedures.
3. For your convenience, we accept the following forms of payment: cash, check, Visa, Master Card, Discover and American Express. Please note, there is a \$30 fee for each returned check.
4. Patients are responsible for notifying NWMA staff if their insurance coverage or details change.

Patient Signature

Date

Formulary Benefits Data Consent

Formulary Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

By signing below, I give permission for the health care providers of Northwest Medical Associates, P.S. and its clinical staff to access my pharmacy benefits data electronically through Rx-Hub. This consent will enable Northwest Medical Associates, P.S. and its clinical staff to:

- Determine the pharmacy benefits and drug co-pays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for non-formulary medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

Patient Signature

Date