



Patient Name: _____

MR#: _____

Patient Date of Birth: _____

ADMISSION RECORD AND FINANCIAL AGREEMENT

The patient, or the responsible party signing for the patient, consents to all examinations, medical, surgical, and diagnostic procedures which may be deemed advisable or necessary by the patient's physicians serving on the Medical and Dental staff of BSA Health System (sometimes referred to as BSA). It is agreed that the patient should remain in BSA until the patient's physicians recommend discharge.

It is acknowledged and agreed that some of the PHYSICIANS involved in the patient's care and furnishing services to the patient are independent contractors and are not employees or agents of BSA Health System.

I understand that my medical records will be maintained in the Epic Electronic Health Records ("EHR") system. I understand and agree that my information may be accessed by another facility or provider who participates in our EHR system for purposes of my treatment, as well as for purposes of system operations and management, and evaluating and improving patient care.

ASSIGNMENT TO THE HEALTH SYSTEM

In consideration of services rendered or to be rendered, the patient, or the person signing for the patient ("representative"), hereby irrevocably assigns and transfers to BSA any benefits payable for the patient's benefit under hospitalization, sickness, health, liability or accident insurance, and any other insurance or other healthcare coverage including major medical, ERISA benefits, benefits of any health maintenance organization or participating provider organization or any reimbursement or prepaid healthcare plans, for the payment of services rendered. This irrevocable assignment includes insurance benefits from PIP, uninsured and underinsured motorist coverage. The patient/representative signing also irrevocably assigns to BSA an undivided interest in any legal, negligence, tort or other liability claims or other claims, including insurance and ERISA claims, the patient may have against any entity as a result of the condition for which treatment is sought or provided. These assignments authorize but do not obligate BSA to file or prosecute suits, insurance and ERISA claims or appeals. The patient/representative also irrevocably assigns to practitioners insurance and other healthcare benefits payable for services they provide during their stay.

MEDICARE ASSIGNMENT AND AUTHORIZATION

The patient, or the responsible party signing for the patient, certifies that the information given in applying for payment under Title XVIII of the Social Security Act is correct. Further, authorization is granted to any holder of medical or other information to release to the Social Security Administration, Centers for Medicare and Medicaid Services (CMS), or their intermediaries or carrier, any information needed for this or any related Medicare claim. Authority is given that payment of authorized benefits be made on the patient's behalf.

AUTHORIZATION / PRECERTIFICATION

The patient, or the responsible party signing for the patient, acknowledges that the patient's group or private insurance policy may require prior certification, authorization, second opinions, or any other type of utilization review function. The patient, or the responsible party signing for the patient, understands the responsibility for compliance with these and all other terms of the patient's policy or group requirements. BSA's failure to obtain pre-authorization or pre-certification shall not relieve the patient or the responsible party from primary responsibility to pay the patient's incurred hospital bill and/or a BSA affiliated provider bill.

AUTHORIZATION TO APPEAL

The patient/representative hereby irrevocably authorizes but does not require BSA to appeal on the patient's behalf any claim(s) that delays or denies claim payment, and further authorizes any payor, including those listed to release any and all information requested and/or related to claim(s) to BSA and/or its attorneys. Any appeal brought by BSA shall be treated as brought by the patient personally.

PATIENT VALUABLES

All parties are advised that valuables should not be kept in their respective BSA room or treatment areas. Proper and safe facilities for any valuables are offered by BSA. BSA IS NOT RESPONSIBLE FOR VALUABLES NOT PROPERLY REGISTERED. BSA cannot be responsible for personal belongings and it is strongly urged that you not keep any personal items of significant value in your room or treatment areas.

TELEPHONE CONSUMER PROTECTION ACT CONSENT DISCLOSURE

Consent to Email, Telephone Calls and Text Messages for Appointment Reminders, Healthcare Information, Discharge Instructions, Account and Billing Communications, and Other Communications.

By providing my telephone number (whether landline or wireless) and/or email address to BSA, I expressly consent that BSA and

Patient Information



its employees and agents may contact me by telephone, short message services (SMS), or text at any telephone number (whether landline or wireless) I have provided to BSA or, at any number forwarded or transferred from that number regarding any matter that is related to my treatment, my account, and/or BSA's services, including, but not limited to the following:

my hospitalization or treatment, my condition and plan of care, the services rendered, patient surveys, discharge instructions, communication made to me or related to my account, or my related financial obligations including, but not limited to, payment reminders, delinquent notifications, instructions and links to patient billing information, and other healthcare communications including, but not limited to, notification and reminders of appointments, notification and reminders that certain medications are ready for pick-up, information about programs or services that might be of interest to me, information about insurance coverage/eligibility, information about referrals, and information about available treatment options and capabilities

These communications may be transmitted by or on behalf of BSA and its employees and agents using pre-recorded/automated voice messages, use of an automatic dialing device, or other technologies. I understand that providing my prior express written consent to receive such communications is not a condition of receiving services or care from BSA. I understand that I will be able to change my preference at any time. This can be done via your MyChart account under Your Menu, then Accounting Settings, then Personal Information, or by contacting patient access/registration or your physician's office.

PATIENT FINANCIAL RESPONSIBILITY

The patient, or the responsible party signing for the patient, agrees to pay to BSA its standard charges for hospitalization, examinations, medical, surgical, and diagnostic procedures, treatment, and supplies, which may be deemed advisable or necessary by the patient's physicians. All charges made to the patient's account shall be payable within 30 days of discharge from BSA, unless prior payment arrangements have been made.

In the event the patient is covered by Medicare, a preferred provider organization, health maintenance organization, health insurance policy or plan, workers compensation insurance, and/or other health benefits contract, which is accepted by BSA, and which limits the patient's liability for such charges, BSA shall bill in compliance with such contract.

If the patient is not contracted by such a contract, or if such a contract does not apply to the patient's admission, the full amount of the charges billed to the patient shall be payable by the patient, or the responsible party signing for the patient. The charges billed to the patient shall be payable without discount except for provided by BSA's Prompt Pay discount of Financial Aid/Uncompensated Charity Care Policies, or reference to other payment sources not available to the patient. SSA's election to pursue one or more forms of collection shall not constitute a waiver of its right to pursue other collection measures it deems advisable or necessary. All such remedies shall be cumulative in nature. Venue for collections shall be Potter County, Texas. This agreement shall not require payment by any person in contravention of any state or federal statute, rule or regulation.

Patient understands and agrees that any claim or civil action against BSA and/or an affiliated BSA and/or an affiliated BSA provider for medical treatment and/or other related services provided at BSA Hospital and/or a BSA affiliated provider shall be governed and enforced by the laws of the State of Texas. Patient further consents to Potter County, Texas for any proceeding as between BSA and patient that may be brought, or arise out of, in connection with, or by reason of patient's medical treatment at BSA Hospital and/or by BSA affiliated provider.

I understand I am financially responsible for deductibles, coinsurance, and all services not covered by insurance benefits and/or entitlements. I understand that if BSA or any of its affiliates are out-of-network with my insurance plan, then my financial responsibility may include: (1) higher coinsurance and deductible amounts; and (2) BSA's full charges, including the amount that exceeds the allowable charges of an in-network preferred provider.

ELECTRONIC PRESCRIBING

Our facility participates in Electronic Prescribing and will be asking for your preferred pharmacy to submit any prescriptions necessary upon your discharge. To facilitate this process we will be submitting your phone number and address on file to your preferred pharmacy.

I have read the information above and/or had it explained to me and I understand and agree to it.

Responsible Party Name (Please Print) Responsible Party Signature Date

Witness & Position/Title Date Responsible if Patient Does Not Sign

Patient Information