



**VILLAGE
EMERGENCY CENTERS**

CONDITION OF SERVICES

1. **PHYSICIANS ARE NOT EMPLOYEES OR AGENTS OF THE CENTER.** All physician, surgeons, and various allied healthcare professionals furnishing services to the patient, including but not limited to all physicians and other independent practitioners who are consulted or otherwise participate in the care of the patient, are independent contractors with the patient and not employees or agents of the center. The patient is under the care and supervision of his/her attending physicians and it is the responsibility of the center and its nursing staff to carry out the instructions of all physicians. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or center services rendered for the patient under the general and special instructions of the physician.
2. **FINANCIAL OBLIGATIONS:** Notwithstanding paragraph 1, I agree to promptly pay all center bills in accordance with the regular rates and terms of Village Emergency Centers. Should any account be referred to an attorney or collection agency for collection, I will pay actual attorneys' fees and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law. I understand the center may request and use data from third parties such as credit reporting agencies in order to verify demographic data or evaluate financial options. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt.
3. **ASSIGNMENT OF INSURANCE OR HEALTH PLAN BENEFITS TO THE CENTER:** I assign and hereby authorize direct payment to the center of all insurance and plan benefits payable for services rendered. I authorize the center and/or center-based physicians to appeal any denial under my appeal rights provision. I agree that the insurance company's or health plan's payment to the center pursuant to this authorization shall discharge the insurance company's or health plan's obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to the assignment.
4. **MEDICARE PATIENT'S RELEASE OF INFORMATION:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for unpaid charges of the hospital and physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by Medicare or other insurance. Medicare patients may sign a release and be treated as self-pay patients.
5. **RELEASE OF INFORMATION:** I hereby authorize Village Emergency Centers to release any information necessary to insurance carriers regarding my illness and treatments; process insurance claims generated in the course of examination or treatment; allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. I also authorize a release to my physician and I will notify the facility.
6. **ACCIDENTAL EXPOSURE OF HEALTHCARE WORKERS:** I understand that state law provides and I agree, that if any healthcare worker is exposed to my blood or other bodily fluids to allow Village Emergency Centers to perform tests on my blood or other bodily fluids to determine the presence of any communicable diseases. I understand that the results of tests taken under these circumstances do not become part of my medical record.
7. **FINANCIAL RESPONSIBILITY AGREEMENT BY PERSON *OTHER THEN THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE*:** I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Obligations (Paragraph 2) and Assignment of Insurance or Health Plan Benefits (Paragraph 3).

Date	Time	Financially Responsible Party	Witness

