



PATIENT AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize the physicians of Kelsey-Seybold Medical Group, PLLC dba Kelsey-Seybold Clinic and affiliated or other providers to release information acquired in the course of my treatment to my insurance company, employer based health plan, or third-party payer as required of claims filed, quality assurance, health plan administration, complaints/grievances, as well as other health care providers who are seeing me. I understand that some physicians who are not employed by Kelsey-Seybold (who can be identified by their badges) may provide services at a Kelsey-Seybold location.

I authorize direct payment to be made to the physicians of Kelsey-Seybold Clinic or other providers for any and all medical and surgical services rendered. I will provide accurate and complete information to file claims upon my behalf and understand that I am responsible for all charges if any services are not covered by insurance. I grant Kelsey-Seybold Clinic the rights to coordinate benefits with other insurance coverage and to collect against another party for reimbursement of expenses if my injury or illness was caused by or is reimbursable by that party.

KSC DIGITAL COMMUNICATIONS CONSENT

By providing my email address and telephone number to Kelsey-Seybold Clinic, I agree to receive emails, automated calls, including use of an auto dialer, artificial voice, and/or AI-generated technology, prerecorded messages, and/or voice or text messages related to my health care, including appointment reminders and clinic-related notifications, such as flu shot availability or closures, from Kelsey-Seybold Clinic and its affiliates and vendors. I understand that message and data rates may apply, terms and privacy information are available online

<https://www.mykelseyonline.com/MyChart/Authentication/Login/StandardFile?option=TermsAndConditions>

and that messages will be recurring. I also acknowledge and agree that these emails and text messages may contain Protected Health Information (PHI). Unencrypted email or text messaging is not a secure method of communication and carries some risk of being read by a third party. I may revoke or withdraw this consent at any time.

ELECTRONIC RECORDINGS

To protect the confidentiality of the provider-patient relationship, electronic recordings, of any kind, including but not limited to photographs and videos, are specifically prohibited without the prior consent of the provider.

FINANCIAL POLICY

Thank you for choosing Kelsey-Seybold Clinic for your health care needs. Please carefully review our financial policy. A customer service representative in our business office is available to answer any questions you may have regarding our financial policy or your payment responsibilities. They can be reached at 713-442-5500, or by using MyChart Billing Inquiry. Our office is open Monday – Friday from 8 AM to 5 PM.

Clinic and Ambulatory Surgery Center (ASC) Patient Financial Services

The Clinic and ASC participate with many health plans. As a courtesy to our patients, we will file claims with these companies. **It is ultimately your responsibility for the full and timely payment of your account.**

Please be prepared to provide your current insurance card at each visit. A scanned copy of this card may be kept as a part of your permanent record. **Failure to provide all insurance information in a timely manner may result in a denial of your claim by your insurance company in which case you may be held financially liable.** If you have more than one insurance, KSC files claims based on coordination of benefits rules established by the National Association of Insurance Commissioners (NAIC), CMS, and other entities.

You may be asked for photo identification. Please provide the Clinic with up-to-date contact information including your home address, telephone numbers, e-mail, and emergency contact information.

The Clinic will attempt to verify coverage and benefits prior to your visit. If we are unable to obtain a verification of coverage you may be asked to pay in full or reschedule your visit at a time the verification can be obtained. This verification will be used to estimate your financial responsibility; however, this verification is not a guarantee by your health plan of coverage or payment. **Payment of your estimated patient liability is expected at the time services are rendered to include known deductibles, copays, and coinsurance.** While we may estimate your financial responsibility for your scheduled service, the **actual charges may vary based on your medical condition or other factors associated with your care.** Special requests for an estimate may delay scheduling or provision of your services. Your insurer is the most knowledgeable source of your benefit plan information and makes the final determination regarding your eligibility and benefits.

Obstetrical and surgery patients will be asked to pre-pay all copays, deductibles, and coinsurance. A minimum of 50% of estimated cost share is due 7 days prior to surgery dates or the date is subject to rescheduling. A scheduling deposit may be requested to be placed on the surgical schedule that will be applied towards a no-show fee, patient cost share, unpaid balances, or refunded after insurance processing. Patients receiving cosmetic services, hearing aids, or contact lenses are responsible for paying in full before receiving services.

The Clinic, Pharmacy and ASC **do not accept cash, checks or money orders for on-site payments.** Payment may be made with accepted credit and debit cards, HSA cards, FSA cards, and electronic payment such as Apple and Google Pay are acceptable.

Certain office procedures or services may not be covered, or may be considered **“noncovered,” “not**

medically necessary," "experimental," or "cosmetic" by your health plan. You may be responsible for payment of these services.

Some health plans limit preventative coverage and additional charges may be incurred if the physician addresses, diagnoses or treats a problem-focused health concern during a physical exam, eye exam, pathology workup, or radiology procedure.

In the event your care has or exceeds a plan limitation, you will be responsible for the balance. **It is your responsibility to know the benefit exclusions and limitations of your current health care coverage.** Kelsey-Seybold Clinic will provide medically necessary care based on patients' medical needs. **Your physician is not responsible for knowing your plan's specific benefit and coverage limitations.**

ASC patients seen by Clinic physicians agree to the transfer of credit balances between these separately taxable entities if a balance is owed to either entity.

The Clinic does not submit claims to non-contracted Third Parties involving automobile accidents and accidental injury. An itemized statement may be obtained by calling our business office. This statement will assist you with reimbursement. It is your responsibility to file claims in these instances and make timely payments on your account.

Failure to Cancel Appointment/No Shows

The Clinic and ASC may charge tiered fees based on type of visit for failure to arrive at scheduled appointments or to timely cancel before the appointment time.

Past Due Accounts

You will be billed with an itemized statement of charges. We will also provide this statement to you upon request. Payment is due upon receipt. If your account becomes past due we will take necessary steps to collect this debt. At your provider's discretion, non-emergency services may be rescheduled or declined until the prior balance is resolved or an auto-draft payment plan is established in accordance with established terms and an initial payment paid towards the balance. Delinquent accounts are referred to a collection agency which may adversely impact your credit record and may result in dismissal as a patient from Kelsey-Seybold. Interest is not charged on balances billed by Kelsey-Seybold but may be charged on balances after referral to the collection agency.

NSF Checks / Denied Credit Card Payments

If any method of payment is returned for insufficient funds, your account will be charged a fee. Should this happen 3 times, you will be required to pay for future services with a preapproved credit card.

Self Pay Discounts

As a courtesy, the clinic offers a discount to uninsured and underinsured patients for certain medically necessary services. This discount applies to balances paid in full at the time of service. Some services, e.g., eye refractions, cosmetic services, concierge travel medicine, and contact lenses may not be discounted. The discount does not apply to balances for deductibles and co-insurance.

I acknowledge receipt of Kelsey-Seybold's Financial Policy. I also acknowledge prior receipt of a Notice of Privacy Practices and that no warranty or guarantee has been made to me as to result or cure. I certify that I understand this statement.

NOTICE OF NONDISCRIMINATION

Kelsey-Seybold Medical Group and Kelsey-Seybold affiliated entities comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services call 713-442-0000 (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number 1-888-445-8745. (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Mail:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

This notice is available at: <https://www.kelsey-seybold.com/privacy-practices>

Language Assistance Services and Alternate Formats

Notice of Availability of Language Assistance Services and Alternate Formats

English	ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call 713-442-0427. (TTY: 711)
Spanish	ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al 713-442-0427. (TTY: 711)
Vietnamese	LƯU Ý: Nếu quý vị nói Tiếng Việt (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi 713-442-0427. (TTY: 711)
Chinese CN	请注意：如果您说中文 (Chinese)，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电 713-442-0427。 (TTY: 711)
Chinese TW	請注意：如果您說中文 (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電 713-442-0427。 (TTY: 711)
Korean	알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사소통 매체를 이용하실 수 있습니다. 713-442-0427 (TTY: 711) 번으로 전화해 주십시오.
Arabic	، ستوفر لك خدمات المساعدة اللغوية المجانية (Arabic) للاحظة: إذا كنت تتحدث اللغة العربية ، 0427-442-713 والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم (TTY: 711) .
Urdu	زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، لیے مفت دستیاب ہیں۔ کال 7240-244-317۔ (TTY: 711) توجہ دیں: اگر آپ اردو (Urdu) آپ کریں گے
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa 713-442-0427. (TTY: 711)
French	ATTENTION: Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 713-442-0427. (TTY: 711)
French Creole - Haitian Creole	ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòm ki disponib, tankou sa ki enprime ak gwo lèt yo. Rele 713-442-0427. (TTY: 711)
Hindi	यान दः यद आप हदं (Hindi) बोलते ह, तो आपके लए मु त भाषा सहायता सेवाएँ और अ य ा प म मु त संचार, जैसे क बड़े टं , उपल ध ह। कॉल कर 713-442-0427। (TTY: 711)
Persian-Farsi	صحبت م یکنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قال بهای دیگر، مانند چاپ دسترس شما (TTY: 711) 713-442-0427 تماس بگیرید. توجه: اگر به زبان فارسی (Farsi) بزرگ ، هستند. یا در

Date: @TODAYDATE@

Patient Name: @PATNAME@

Signature: