

PATIENT CONSENT AND FINANCIAL AGREEMENT

Kalispell, Montana



Patient Name: _____ Patient DOB: _____

Please Print

Welcome to Logan Health. Thank you for choosing us for your care and treatment. Logan Health is an integrated health system that includes a number of organizations and Healthcare Services providers. Your consent covers services provided at all Logan Health entities.

Please review this Agreement carefully. Except in cases of emergency care, we must have a signed and dated Patient Consent and Financial Agreement before Healthcare Services (defined below) can be provided to you. If you have any questions about this Agreement, our Logan Health staff will be happy to answer your questions before you sign.

If, at a later date, you have additional questions about your medical bills or need to make corrections to the information you have provided to Logan Health, please contact the Logan Health Patient Accounting office by calling (406) 756-4408, Monday through Friday, except holidays, from 8:00 a.m. through 5:00 p.m.

CONSENT FOR TREATMENT AND CARE

You hereby consent to any Healthcare Services (as defined below in this paragraph) provided by Logan Health and Healthcare Services providers who are independent from Logan Health but who are authorized to provide Healthcare Services to you as a Logan Health patient. These independent, non-Logan Health-employed providers include, but are not limited to physician and other medical and allied health professional staff members of Glacier Regional Pathology, Ltd.; Clinical Pathology Associates, LLC; Northern Rockies Anesthesia Consultants, PLLC; Northwest Imaging, PC; Silvertip Emergency Physicians, PC (collectively, "Logan Health Affiliated Providers") and outside reference laboratories. You understand and agree that resident physicians and other Healthcare Services education students may participate in or be observers of the Healthcare Services you receive at Logan Health. These residents and students will be supervised by qualified instructors and Logan Health staff. You can decline care by supervised resident physicians and Healthcare Services education students by discussing it with your provider(s) prior to care being rendered. Your Healthcare Services may be provided in person or via telehealth technology and may include, but are not limited to, hospital inpatient, outpatient, and/or emergency services; physician office services; diagnostic procedures; transportation; nursing care; and other Healthcare Services and products. You acknowledge that no guarantees have been made regarding the outcome of these Healthcare Services. If you are not able to sign this Agreement personally, then the consent for your care and treatment: (1) may be given by your representative(s) who are legally authorized to make decisions and sign this Agreement on your behalf, or (2) shall be implied in cases of emergency.

REPORTING OF IMMUNIZATION RECORDS

The Montana Department of Public Health and Human Services (DPHHS) has requested that we seek your consent to share your/your child's immunization data with the DPHHS Immunization Information System (IIS). DPHHS may release IIS data to other public health agencies as well as to your/your child's healthcare providers to assist in your/your child's medical care and treatment. In addition, DPHHS may release IIS data to schools in order to comply with immunization requirements. You can always choose to opt out at a later time and/or have your/your child's immunization record removed at any time by contacting your county's health department. You understand that any such revocation will not be effective as to uses and/or disclosures already made prior to opting out.

THIS IS NOT A CONSENT TO RECEIVE ANY IMMUNIZATION, IT IS ONLY A CONSENT TO REPORT YOUR/YOUR CHILD'S IMMUNIZATION DATA TO DPHHS IIS. If you are OPTING OUT and do not wish for your/your child's immunization data to be provided to DPPHS, check the box, sign and date in the area below.

OPT OUT OF THE DPHHS IMMUNIZATION INFORMATION SYSTEM

Name of Patient

____/____/____
Date

Signature of Patient/Parent, Authorized Representative or Guardian, if applicable

FINANCIAL AGREEMENT

Agreement to Pay Charges and Billing Statements – In consideration of the Healthcare Services provided to you, you and/or any individuals who are directly responsible for your medical bills, such as a parent or guardian, (collectively, "Guarantors") agree to pay Logan Health's billed charges related to those Healthcare Services ("Charges"), minus any contractual reductions from the Charges agreed to by Logan Health with your Health Plan Payor (if applicable) and any other reductions to which you may be entitled, such as under the Logan Health financial assistance policy. You understand and agree that: (1) any Logan Health Affiliated Providers that provide Healthcare Services to you in connection with your care and treatment at Logan Health may have separate billing and collection practices that result in one or more separate bills for which Guarantors are responsible to pay; (2) the terms of this Agreement prevail over any conflicting terms and conditions in any other contract or plan to which you claim to be a party or a beneficiary; (3) it is possible that your Health Plan will determine that Healthcare Services provided to you are not Covered Services and that you will be responsible for paying for those Healthcare Services; and (4) the terms of this Agreement are governed by the laws of the State of Montana.

Financial Assistance – Logan Health has a Financial Assistance policy available to patients who qualify. If you are interested in learning more, please ask our staff for a copy of the policy. The Financial Assistance Policy is available on the Logan Health website under the heading "Pay Bill."

PATIENTS WITH OUT-OF-NETWORK INSURANCE/OTHER HEALTH PLAN PAYOR/HEALTH SHARE PRODUCT – You understand and agree that except when prohibited by applicable law, Logan Health may collect its charges from guarantors when Logan Health does not have a written contractual agreement with an insurance company, other health plan payor or health share product outlining an agreed upon rate of payment for the Healthcare Services provided (called "out-of-network"). You understand and agree that when receiving Healthcare Services from Logan Health on an out-of-network basis, Guarantors may also be required to make payment at the time of service.

Payment – Guarantors may make payment to Logan Health: (1) at the time Healthcare Services are provided to you; (2) in accordance with billing statements received from Logan Health; or (3) in accordance with a payment arrangement schedule that is agreed upon by both Logan Health and Guarantor(s). If Guarantors fail to make any scheduled payment when due, you understand and agree that: (1) Logan Health may declare the entire balance to be immediately due and payable, and (2) Guarantors will be responsible for all costs associated with collection of the owed charges, including reasonable attorney's fees. You acknowledge and agree that payments to Logan Health Affiliated Providers must be made to them in accordance with their payment rules. No partial payment of the amount owed by Guarantors to Logan Health (whether the payment says it is in full payment or not) will be treated as full payment without a specific separate written agreement between Guarantors and Logan Health that is signed by both parties. Logan Health may also assign past due accounts to third party collection agencies.

Third Party Liability – In the event that any third party is or could be liable for part or all of the charges for the Healthcare Services provided to you (such as due to an automobile accident), you acknowledge that Guarantors remain responsible for the portion of the Charges that you are responsible to pay, but Logan Health is also legally authorized to bill for and recover from that third party the full charges for the Healthcare Services. Logan Health may do this whether or not Logan Health has also submitted a bill for the services to any federal, state, or private healthcare insurance/health benefits plans (collectively a "Health Plan Payor") covering you. Guarantors will not be responsible for any amounts in excess of the portion of the charges that you are responsible to pay, but Logan Health may recover from the third party an amount

see other side

