

Consent for Service and Financial Agreement

Consent for Services

I hereby give consent to Granite Peaks GI, LLC, and Granite Peaks Endoscopy, LLC, its contractors, physicians, lab, anesthesia providers and employees to provide health care services to me and to execute physician orders for my benefit on this visit and subsequent visits. I understand this consent may be revoked in writing at any time. I acknowledge, because of the inherent uncertainty involved in health care services, that there have been no promises of any particular outcome or result. I understand there is a risk of substantial and serious harm involved in such health care services and I accept the risk in the hope of obtaining beneficial results from the services.

Assignment of/and Authorization to Pay Physician

I hereby assign benefits to be paid, on my behalf, to Granite Peaks GI, LLC and Granite Peaks Endoscopy, LLC who is rendering service to me. I agree to pay for all the health care services rendered in this facility including but not limited to any amounts not paid by any insurance company or other third party payer. I understand that I am responsible for all co-payments, deductibles, co-insurance, and/or non-covered services regardless of amount paid by insurance or third party payer. I hereby assign to Granite Peaks GI, LLC and Granite Peaks Endoscopy, LLC all medical and/or surgical benefits to which I am entitled including Medicare, Medicaid, private insurance, and all other health plans. This agreement will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure payment. I certify the information given regarding insurance coverage is correct.

Release of Medical Information

I authorize Granite Peaks GI, LLC and Granite Peaks Endoscopy, LLC to release all or part of my medical records when required for the submission of any insurance claims for payment to the Centers for Medicare and Medicaid Services and their agents, my insurance provider(s), or to my employer (if this is a workers compensation claim).

I also authorize reports of my evaluation, treatments, and any follow up evaluations to be sent to or discussed with my referring healthcare provider, the provider requesting the consultation, my family physician, as well as any other healthcare providers, hospitals, or outpatient facilities that I have or will identify to you.

Financial Agreement

I understand that, if I have insurance, Granite Peaks GI, LLC and Granite Peaks Endoscopy, LLC will help me receive maximum benefits by filing a claim for me. I understand my insurance policy is a contract between me and my insurance company. I know payment of co-payment, co-insurance, deductible and non-covered services is expected at the time of service. I individually guarantee prompt payment of all charges if the insurance carrier (s) rejects the claims for non-payment. Any unpaid balance will be subject to a finance charge of 7% per month (28% APR) after 30 days from date balance owed becomes patient's responsibility. If any balance is placed with a collection agency, I agree to pay a 40% collection fee, all cost and reasonable attorney's fees and court costs in connection with the collection process.

I understand that Granite Peaks GI, LLC and Granite Peaks Endoscopy, LLC use electronic billing statements. I agree to receive a text message with my account balance and an email from my patient portal where I can view my full financial statement.

_____ **No, thank you.** I prefer to receive paper statements.

Billing Information

You may receive bills from up to four (4) individuals for the care rendered to you today: the physician performing the procedure, the anesthesia provider, the facility and a laboratory if specimens are obtained during your visit.

Disclosure of Ownership

The following physicians have ownership in Granite Peaks GI, LLC, Granite Peaks Endoscopy, LLC and Granite Peaks Pathology II, LLC.

R. Kyle Barnett, MD	Christopher Cutler, MD
Steven Desautels, MD	Andrew Heiner, MD
Mark A. Jensen, DO	J. David Schmidt, MD
James M. Stewart, MD	Michael Weaver, MD

A schedule of typical fees for services provided by this facility is available upon request. Patients have the right to choose where to receive services, including a facility where your physician does or does not have an ownership interest.

_____ **Patient Initials**

CERTIFICATION : I have read and fully understand and accept the terms specified in this form.

Patient/Representative Signature _____ Date _____

Patient/Representative Name Printed _____

Representative Relationship to Patient _____

Granite Peaks Staff Signature _____