



Consents & Releases

MEDICAL CONSENT FOR TREATMENT: I authorize ENTERPRISE SLEEP & DIAGNOSTICS to furnish the necessary diagnostic tests, treatments and supplies as ordered by the Physician to complete all procedures ordered. There are no guarantees or assurances regarding the results of treatment or examinations provided. This agreement releases Enterprise Sleep & Diagnostics from any and all liabilities associated with treatments rendered by our staff and Enterprise Sleep & Diagnostics.

RELEASE OF INFORMATION: I authorize ENTERPRISE SLEEP & DIAGNOSTICS and/or other consulting Physician(s), to release my medical records, relative to this treatment/test(s) to my referring physician(s), my parents or guardian, my employer (if diagnosis is job-related), school officials (if school related), insurance companies, third party administrators or payers, or government agencies or their agents, whom may be responsible for payment. I authorize any health care provider having previously attended to release all requested medical records to ENTERPRISE SLEEP & DIAGNOSTICS and/or consulting Physician(s) upon request.

ASSIGNMENT OF INSURANCE BENEFITS: I assign all benefits due from any insurance company, government medical health program, or third party to ENTERPRISE SLEEP & DIAGNOSTICS. I agree to be responsible for all charges not paid by the assignment.

GUARANTOR AGREEMENT: I agree that I am responsible for paying my coinsurance and balance if insurance does not pay the full amount. All deductible and/or co-pay amounts are expected to be paid at the time service is rendered. All delinquent accounts may be assessed interest at the legal rate. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney fees and collection expense.

NOTICE OF OCCUPATIONAL EXPOSURE: Occasionally health care workers may experience exposure to your blood or body fluids. If this type of exposure occurs it may be necessary to perform a blood test on you for Hepatitis B Virus and HIV (AIDS) VIRUS. The testing will be done in a manner to protect your privacy and at no cost to you or your family. The test result will be treated as confidential medical information and will placed in your chart. Results will be reported only at your request and with your consent by law and the policies of ENTERPRISE SLEEP & DIAGNOSTICS.

I CERTIFY I HAVE READ THE ABOVE AND ACCEPT ALL TERMS.

Patient/Guardian Signature signifies agreement with all terms

Date

Witness

Date