

PERMISSIONS / ACKNOWLEDGEMENTS
Side 1 of 2

Assignments of Insurance Benefits and Third Party Claims – I hereby authorize payment directly to GBMC HealthCare of hospital benefits otherwise payable to me, including major medical insurance benefits, PIP benefits, sick benefits, or injury benefits due because of any insurance policy and the proceeds of all claims resulting from the liability of the third party payable by any person, employer, or insurance company to or for the patient unless the account is paid in full upon discharge. I also authorize payment of surgical or medical, including major medical benefits, directly to attending physicians, but not to exceed charges for these services. I understand that I am financially responsible to the hospital and physicians for charges, whether or not covered by this assignment. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney’s fees and collection expense. All delinquent accounts may bear interest at the legal rate. I further authorize refund of overpaid insurance benefits in accordance with my policy conditions where my coverages are subject to coordination of benefits clause.

I understand that I am responsible for any deductibles, coinsurance, or co-payments associated with my policy to include Point of Service (POS), Preferred Provider Organization (PPO), “opt-out” plan, “out-of-network” preferred, and indemnity benefits and for payment of services not covered under my policy or those services I elect to receive if denied for coverage by my insurer. I will contact my insurer or Health Advocacy Unit of the Attorney General’s Office to learn how to appeal adverse decisions made by my insurer.

Medicare/Medicaid Patient Certification (for Medicare/Medicaid patients only) – I certify that the information given by me in applying for payment under TITLE XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on my behalf.

Non-employed Health Care Providers. Not all health care providers involved in your care at GBMC are employees of GBMC. Your physician, for example, may have privileges to practice medicine at GBMC, but not be an employee of GBMC. GBMC is not responsible for the actions of the health care providers it does not employ. If you are not certain of your health care provider’s status, please ask him or her.

Physician and other services provided during your stay will be billed separately and are not included on your hospital billing statement.



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Patient Convenience Charges. Patients admitted as inpatients will be charged \$30.00 to cover the costs of providing internet, phone and television services. Guest trays are \$10 each. These fees will be labeled “Patient Convenience Items - General” on your patient bill.

Communication Consent - I expressly consent GBMC and any of its agents to communicate with me for any reason including collection using an automatic telephone dialing system or prerecorded voice at the telephone number or numbers I provide even if I will incur a fee or a cost to receive such communications.

Secondary Pharmacy Services Consent – I understand that in the case parenteral nutrition (intravenous feeding) is required as part of my hospital stay, it may be prepared and provided by Central Admixture Pharmacy Services, 12000 Indian Creek Ct #C, Beltsville, MD 20705.

Patient Belongings – I release GBMC from responsibility for loss of any personal items (e.g. dentures, eyeglasses, hearing aids). Valuables must be deposited with the Security Office.

I have read and understand in its entirety the information provided in this document and agree to follow its guidelines.

Signature of Patient or Responsible Party

Date

Time

Relationship to Patient
(if signed by person other than the patient)