



## Lake Medical Associates

### Consent to Treat

I hereby consent to the rendering of medical care, which may include routine diagnostic procedures and such medical treatment, as my physician deems necessary. I understand that:

- It is the policy of Lake Medical Associates that no procedures are performed upon me unless I have the opportunity to discuss the procedures with my physician.
- I have the right to consent or refuse any proposed procedure.
- If I arrive more than 15 minutes late for my scheduled appointment I may be asked to reschedule.
- It is the policy of Lake Medical Associates that they receive 24-48 hours notice if I need to change or cancel an appointment. After 3 no-show appointments within one year, I risk termination from the practice.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Financial Policy

Piedmont HealthCare, P.A. is committed to providing our patients with excellent quality medical care. In return, we respectfully request that you read and honor our Financial Policy. We thank you for understanding that observing this Financial Policy is part of creating a good patient/physician relationship.

If you are insured by a plan that specifies a co-pay when you see a physician, our receptionist will collect that at the time of your visit. We cannot bill patients for co-pays, as it violates the contract that we have entered as providers with the health plans. Please be prepared, at each visit, to pay your co-pay. If your insurance has a deductible or co-insurance, we will collect your responsibility at the time of service.

It is the policy of Lake Medical Associates to render treatment to all its patients. However, we do not accept legal liability cases of any kind. This includes but is not limited to automobile accidents and /or any other type of accident in which a third party is involved. What this means to our patients is that you will be considered self-pay for these visits and all related testing. Payment will be expected at the time of service. We do not accept letters from attorneys as a promise of payment.

If you are self pay, we will collect your payment at the time of service. Any labwork or additional tests may be billed separately.

If there is a balance remaining on your account, you will receive a statement from Piedmont HealthCare. Upon receiving your statement, payment is due immediately. Unpaid balances may result in your account being turned over to an outside collection agency. Failure to uphold your financial policy obligations may affect your ability to schedule an appointment.

Please note, for your convenience we accept Cash, Check, VISA, MasterCard, American Express and Discover. If you have any questions regarding your insurance, please speak to the receptionist or call Piedmont HealthCare Customer Services at (704) 881-0214.

**Patient Name:** \_\_\_\_\_

**Responsible Party Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_