



## Conditions of Admission

### 1. NURSING CARE

Salem Endoscopy Center, LLC (the "Center") provides only general duty nursing care unless, upon orders of the patient's physician, the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The Center shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

### 2. MEDICAL AND PROCEDURAL CONSENT

The patient is under the care and supervision of his/her attending physician and it is the responsibility of the Center and its nursing staff to carry out the instructions of such physician; the undersigned recognizes that all physicians furnishing services to the patient, including the pathologist and the like, are independent contractors and are not employees or agents of the Center. The undersigned consents to X-ray examination, laboratory procedures, conscious sedation, medical treatment, or other Center services rendered the patient under the general and special instructions of the physician. I understand that the practice of medicine and surgery is not an exact science and that no guarantees have been made about the result of treatments or examinations in this Center.

### 3. RELEASE OF INFORMATION

To the extent necessary to determine liability for payment and to obtain reimbursement, the Center may disclose portions of the patient's record, including his/her medical records, to any person or corporation which is, or may be liable, for all or any portion of the Center's charge, including but not limited to, insurance companies, Medicare, Medicaid, health care service plans or worker's compensation carriers, or any other payer or agency. I also authorize release of copies of my medical records to health care practitioners and organizations who are involved in my continued care after discharge. The center may disclose patient information to the Oregon Cancer and Tumor Registry system if indicated.

### 4. PERSONAL VALUABLES

It is understood and agreed that the Center advises patients to leave all valuables at home, and that the Center shall not be liable for the loss or damage to any personal property, including but not limited to money, jewelry, documents, glasses, dentures, or hearing aids.

### 5. FINANCIAL AGREEMENT – See Financial Policy Brochure for details.

The undersigned agrees, whether he/she signs as agent or patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the Center in accordance with the regular rates and terms of the Center. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expenses.

### 6. ASSIGNMENT OF INSURANCE BENEFITS

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the Center, or any insurance benefits or Unemployment Compensation Disability otherwise payable to the undersigned for this hospitalization at a rate not to exceed the Center's regular charges. It is agreed that payment to the Center pursuant to this authorization by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. Regardless of any and all assignments, he/she agrees that he/she is financially responsible for any charges not covered by insurance benefits, including but not limited to, deductibles and coinsurance which are due upon admission. He/she understands that if Medicare, Medicaid, or other insurance companies deny payment, he/she will be responsible for payment.

### 7. HEALTH CARE SERVICE PLANS

This Center maintains a list of the health care service plans with which it has contracted. A list of such plans is available upon request from the financial office. The Center has no contract, express or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full cost of all services rendered to him/her by the Center if he/she belongs to a plan that does not appear on the above mentioned list.

### 8. HOSPITAL ADMISSION

Following your procedure, admission to a hospital might be advised. I agree to admission at Salem Hospital if, in the opinion of my physician, such admission should be deemed advisable in my best interest.

### 9. EXPOSURE STATEMENT

If an employee becomes exposed to your blood or bodily fluids you will be asked to consent to blood work, at no cost to you, for Hepatitis B, Hepatitis C and for HIV.

#### Certification:

The patient has been instructed and agrees not to operate a motor vehicle, enter into any legal contracts, drink any alcoholic beverage or take any drugs (unless prescribed by a physician) until the day following the procedure. \_\_\_\_\_ will drive him/her home from the Center following the procedure.

The undersigned further certifies that he/she has read the foregoing, receiving a copy thereof, and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and accept its terms.

Date \_\_\_\_\_ Patient/Parent/Guardian \_\_\_\_\_

Time \_\_\_\_\_ Relationship If other than patient \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_