

BASTROP MEDICAL CLINIC, PA
195 S. Hasler Blvd., Suite B-1 Bastrop, TX 78602
P 512.308.1555 / F 512.308.1565

Consent for Treatment, Payment, and Health Information Management

The Bastrop Medical Clinic (BMC) is an independent, for-profit medical facility. Payment for services is due at the time of your visit. You are responsible for any co-pays or non-covered service charges that occur. It is your responsibility to know your health plan-covered benefits.

We are enrolled in all the major healthcare plans and numerous minor ones, but our membership with them may change without notice. If we are currently a contracted provider for your plan, we will verify your eligibility at the time of your visit. If we are not currently contracted providers for your health plan, we will provide you with an itemized receipt and any additional information required for you to file your claim with your health plan yourself. We do not guaranty reimbursement for any services rendered, whether we take your health insurance plan or not.

By signing below, you are granting consent for BMC to use and disclose your protected health information for the purposes of treatment, payment and health care operations. You are also declaring that you have reviewed our posted Privacy Practices Notice and agree with its stipulations. Furthermore, you are giving consent for treatment of your medical problem by BMC, its physicians and staff. You understand that we are not a hospital-based medical facility and that we are not legally bound to provide services for any particular, or every, medical problem you present to BMC today. We retain the right to deny services as our fiscal, professional and medical judgment may dictate.

Of note is our policy that we are not chronic pain treatment specialists. We retain the right to deny treatment of chronic pain problems with narcotic or other controlled substances.

Of course, our primary goal is that every one of our patients be attended with the best professional practices available. We encourage you to notify us in writing of any complaints you may have.

Finally, the patient is solely responsible for making sure to follow up on any lab or X-ray results that are ordered by our facility. We cannot guarantee that study results of tests done out of our facility will get back to us. You agree to contact our clinic if you do not hear about your test results in a timely manner.

Patient signature: _____

Date: _____

Legal Guardian: _____

Relationship: _____