

Patient Notification and Acknowledgement

We are honored that you have chosen Insight Surgery Center for your care. As part of our commitment to keeping you informed and supported, this form confirms that you (or your representative) have received important information before your procedure in a way that is clear and easy to understand. Please review the acknowledgements below to ensure everything is complete.

Notice of Privacy Practices

You have received our Notice of Privacy Practices before the day of your procedure. This notice explains how we may use and share your protected health information for treatment, payment, healthcare operations, and other purposes permitted by law. It was provided to you or your representative in a language and format that's easy to understand. You also authorize us to share your health and financial information with anyone listed on your Authorization to Disclose Protected Health Information form.

Notice of Patient Rights and Responsibilities

Your rights and responsibilities as a patient have been explained to you both verbally and in writing prior to the day of your procedure. A written copy is also available in our reception area for you or your representative to review at any time.

Physician Ownership Disclosure

Before the day of your procedure, you were informed that Insight Surgery Center is privately owned and that your physician may have a financial interest in this facility. You always have the right to choose where you receive care and may seek services at any facility you prefer.

Advanced Directives

Insight Surgery Center honors your Advanced Directive and respects your healthcare decisions. However, because Insight Surgery Center is an outpatient facility, we are unable to follow all directive requests, and will follow a policy of providing full emergency care to ensure your safety. If an unexpected medical emergency occurs, our team will provide life-saving or stabilizing care and arrange transfer to the nearest hospital. A copy of your Advanced Directive will be placed in your medical record and shared with any receiving facility, if applicable. Acknowledging this policy does not change or cancel any existing directive or healthcare power of attorney you may have. Information about Advanced Directives was provided to you or your representative before your procedure.

Assignment of Benefits and Financial Agreement

You or your representative received written information before the day of your procedure about our Assignment of Benefits and Financial Agreement. By signing below, you:

- Confirm that your insurance and personal information are accurate.
- Request that insurance benefits be paid directly to Insight Surgery Center.
- Authorize us to release information to your insurer as needed for payment.

- Understand that missed procedure appointments may incur a \$150 fee. This fee cannot be billed to your insurance and will be your responsibility.
- Accept financial responsibility for any amounts not covered by Medicare or your insurance, including deductibles, coinsurance, and copayments.

Acknowledgement

The day of your surgery we will gather your electronic signature which confirms:

- You have received, reviewed, and understand all of the information listed above before your procedure.
- You understand these policies and have been given the opportunity to ask questions.
- You agree to follow the policies and procedures of Insight Surgery Center.
- If you requested additional information, it has been provided to you.