

General Consent for Treatment, Assignment of Benefits, and Notice of Information

This Agreement is between the undersigned and Lone Tree Surgery Center, LLC ("Lone Tree Surgery Center") including all health care providers ("Providers") providing care at Lone Tree Surgery Center's ambulatory surgery center (the "Facility")

On behalf of myself, my minor child, or, if I am the healthcare decision-maker for the patient named below, then for the patient named below, I acknowledge and consent to the statements and agreements made in this consent. Any changes I might make to this consent are not binding on Lone Tree Surgery Center without its written agreement. This Agreement governs and relates to current care and treatment provided by Lone Tree Surgery Center and the Providers and to future care and treatment, until and unless I sign another version of this Agreement or revoke this one in writing.

Consent to Service

- I consent to receive care at the Facility from Providers and employees. I consent to services the Providers consider medically reasonable and necessary for care and treatment including examinations, diagnostic tests, laboratory services, routine outpatient services, administration of medications, and other health care services. I understand that I have the right to agree to or refuse care and to obtain more information to inform my decision.
- I understand guarantees about the efficacy of health care services and the results of such services cannot be made and do not rely on any such guarantee if given.
- I understand that care and treatment may be provided by physicians, physician assistants, nurses, and other health care providers all as determined in the discretion of Lone Tree Surgery Center.
- I hereby consent and grant to Lone Tree Surgery Center the right and authority to take photographs, images, audio recordings, and/or video recordings (collectively "images or recordings") in connection with my diagnosis and treatment. I agree that, upon creation, such images or recordings will be owned by Lone Tree Surgery Center and may be used for quality improvement and education. I understand that I have the right to request that recording or filming stop at any time. I acknowledge that Lone Tree Surgery Center may disclose these images as required or permitted by law.
- I authorize Lone Tree Surgery Center to take, retain, or dispose of at its convenience all specimens, tissues, parts or organs taken from my body during my care.

Personal Valuables

Lone Tree Surgery Center is not responsible for the loss or damage to personal belongings it holds or stores for a patient or visitor, including, without limitation, money, clothing, jewelry, glasses, dentures, hearing aids, electronic devices, documents, personal medical devices, or other valuable items.

Patient Rights and Responsibilities Acknowledgement

My signature on this Agreement acknowledges that I was offered a copy of Lone Tree Surgery Center's Patient Rights and Responsibilities and Notice of Privacy Practices.

Physician Ownership

We are required by Federal law to notify you that certain of the physician-Providers own a financial interest or ownership in Lone Tree Surgery Center. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing and in advance of the date of any procedure. I have received information that my Provider(s) has a financial interest or ownership in Lone Tree Surgery Center, LLC and about other nearby facilities in which my physician does not have a financial interest and that provide similar medical services. I am informed and acknowledge that I have the right to choose the provider of my health care services and that I have the option to use a health care facility other than Lone Tree Surgery Center. I acknowledge that I will not be treated differently by any Provider if I choose to use a different facility. If desired, upon your request, your Provider can provide information about alternative providers and facilities.

Financial Agreement and Insurance Benefits

Out-Of-Network Providers.

I understand that not all physicians or professionals providing services at Lone Tree Surgery Center are employed or contracted by Lone Tree Surgery Center. Some of these providers may not have agreements with my insurance plans and may be considered as "out-of-network" for my health plan. I understand I should ask and am responsible for asking my provider whether he or she participates in the same insurance plan(s) as Lone Tree Surgery Center. I understand that using any out-of-network provider could result in higher charges to my plan and could result in higher copayments or coinsurance, all of which are my responsibility. My rights and the obligations of Lone Tree Surgery Center and its Providers are described in Surprise/Balance Billing Disclosure Form which I acknowledge I have had the opportunity to read and ask any questions or obtain more information.

- I understand that I am responsible for paying for health care at the rates charged by Lone Tree Surgery Center and any physicians or other providers providing care, including any amount not paid by insurance.
- I agree to pay the charges for my care at Lone Tree Surgery Center. **A list of the non-discounted charges of the Facility, called a chargemaster is available to me along with information about billing, payment, insurance, standard charges, and financial assistance. The chargemaster is made a part of this Agreement and I have had an opportunity to review that information and ask any questions.**
- I understand that insurance plans, government agencies, or other entities may have negotiated or discounted rates other than those set forth in the chargemaster through agreements with Lone Tree Surgery Center and/or Providers. I understand that, if I am not a beneficiary under those agreements, any negotiated or discounted rate is not applicable to services provided to me and I am responsible for the full non-discounted rates set forth in the chargemaster.
- I understand that my insurance or another source may help pay my bill, and may have negotiated some other charge rate, but that Lone Tree Surgery Center has not made any representations about what I may be obligated to pay.
- I understand Lone Tree Surgery Center, as a courtesy, may communicate with my insurance company about coverage. I acknowledge that I have full responsibility to confirm whether my coverage is in-network or out-of-network as that may impact the amount of payment by my insurance company. I understand that I am responsible for payment based upon chargemaster rates, and not based on what my insurance plan tells Lone Tree Surgery Center about my coverage.
- I authorize Lone Tree Surgery Center to bill my insurance and request that payments be made directly to Lone Tree Surgery Center. I understand that this procedure does not guarantee payment and agree to pay the chargemaster rates for care that insurance does not pay. I assign to Lone Tree Surgery Center all rights to insurance payments or benefits to which I may be entitled for services provided to me by Lone Tree Surgery Center. I will give Lone Tree Surgery Center information about my insurance or other health coverage and complete forms that may be required to help pay for my health care, and that Lone Tree Surgery Center may make the decision to and actually bill me directly. I represent that such information is complete and accurate and does not contain any misleading information or fail to include all material information. I will update such information as required to assure its accuracy.
- Some insurance plans work with health care providers as preferred providers. I understand that Lone Tree Surgery Center and health care providers at Lone Tree Surgery Center may not be a preferred provider for my plan. I agree to pay the full amount charged as stated on the chargemaster rate if my insurance does not cover the health care services provided at Lone Tree Surgery Center at the chargemaster rate.
- Insurance and other payment sources sometimes require that I notify them to approve payment for health care. This may include approval before getting a second opinion, before a test, or before an outpatient procedure. I understand that communicating this to my insurance or other payor insurance or payor is my responsibility.
- If I have and am using my insurance, I agree to pay my part of the charge when I receive care. My part of the charge may include, but is not limited to my deductible, copayment, and coinsurance, payment for non-covered services or payment for any other services not paid by my insurance carrier.
- If I do not have insurance or am not using my insurance, payment in full or a deposit may be due at the time of service.
- I understand that, before I am treated, I can ask Lone Tree Surgery Center for the generally charged rates for my care and Lone Tree Surgery Center will provide a good faith estimate. I understand that Lone Tree Surgery Center may not be able to provide this information to me in all cases. I understand that Lone Tree Surgery Center cannot guarantee the accuracy of the estimate, and that it does not account for unforeseen complications, additional tests or procedures, and medical provider bills, any of which may increase the ultimate charge of the services provided. If I choose to self-pay for services provided by Lone Tree Surgery Center, I acknowledge that it is my responsibility to request an estimate of anticipated charges from Lone Tree Surgery Center.

- If I do not have insurance or I cannot pay the bill, I may qualify for a payment plan if approved by Lone Tree Surgery Center depending on my specific circumstances.
- I understand that my payment is late if I do not pay all amounts due, or if I do not establish a payment plan with Lone Tree Surgery Center, within ninety (90) days after my first statement is mailed to me by Lone Tree Surgery Center. I understand that if my account is sent to a collection agency or lawyer due to late payment or non-payment, I will pay reasonable attorney fees and court costs. I understand that a \$20.00 fee will be added to my bill if a check, debit card or credit card payment I make is dishonored. I give up my right to trial by jury if I do not pay my bill in full on time, and/or if I do not have sufficient funds in my account to cover my charge. I acknowledge and agree that, if I have not paid all amounts due and owing to Lone Tree Surgery Center within such ninety (90) days, whether my obligation has been sent to a collection agency, except in emergency circumstances, Lone Tree Surgery Center and its Providers may refuse to provide further services until such time as all amounts have been paid in full.
- I understand that I may question or challenge any billing for services provided by Lone Tree Surgery Center. If I choose to do so, I must submit my concerns in writing within sixty (60) days after such services have been provided or I waive my right to assert any such challenge.
- I understand that I may receive bills from health care professionals who provide services to or for me, including but not limited to radiologists, surgical assistants, pathologists and anesthesiologists and advanced practice providers, who are not employees of Lone Tree Surgery Center and may send a separate bill. I understand that those professionals may assist in my care at the request of my provider, who has my authorization to engage their services. It is up to me to pay for these services. If I have a payment plan with Lone Tree Surgery Center about paying my bills, I also need to make a separate payment plan for the services of these professionals. I grant those providers access to this Agreement.

Consent to Telephone Calls, Text Messages, Voice Mail Messages, and Emails

By providing a telephone number, whether cellular or otherwise, to Lone Tree Surgery Center now or at a later time, I consent to receiving telephone calls and/or text messages, or other communications using live, artificial, or prerecorded voices, automatic telephone dialing systems, or any other computer-aided technologies from Lone Tree Surgery Center and its Affiliates. Affiliates include my health care providers, business associates, agents, contractors, vendors, assigns, successors, servicers, and collection agencies. I certify, warrant, and represent that I am authorized to receive calls at any of the telephone numbers I have provided. The text messages and phone calls may be related to any purpose, related to my account and my health care, including appointment reminders or offers for additional services. I understand that standard text messaging rates may apply. I agree that Lone Tree Surgery Center and my health care provider may share with Affiliates any telephone number(s) I provide to Lone Tree Surgery Center so that the Affiliate(s) may make the calls or texts on behalf of Lone Tree Surgery Center or my health care provider. I understand that I may revoke my consent to receive such calls and texts at any time. Callers may leave the name of the company making the call or reference whom the caller is representing.

By providing an email address, I give Lone Tree Surgery Center and Affiliates permission to contact me by email about my or my dependents' health care or costs related to health care using any email address I provide to Lone Tree Surgery Center or its Affiliates. Affiliates may use any email address or phone number I give Lone Tree Surgery Center or that they may obtain for me.

By signing this agreement below, I acknowledge that:

- I have read this document and understand its contents and that I have received a signed copy of this agreement.
- I agree to **all** the provisions and terms of this Agreement.
- I agree that I have provided correct and accurate information about myself or the patient (including current address, telephone number, email address, insurance information, and medical history) for health care.
- The law of the State of Colorado will apply to this Agreement.
- In any legal action brought under this Agreement, I waive my right to trial by jury.
- I understand that no person working at Lone Tree Surgery Center is allowed to change or erase any part of this document. No modification of this document by me will be effective unless approved or acknowledged in writing by Lone Tree Surgery Center. I have had an opportunity to ask questions about this Agreement and have received answers to such questions. I enter into this Agreement freely, knowingly, and voluntarily.

Patient Signature

Witness Signature

Patient Label



Signature of patient or legally authorized representative

Signature of witness

Relationship to patient (if applicable)

Date

Time ☐ a.m. ☐ p.m.

_____(Initial) Directed by Patient/Legal Representative to sign on patient's behalf, after reading document to him/her.

Reason for directed signature _____

Discussion interpreted by:

Language

Operator# or Interpreter name

Date

Time

Non-Discrimination

Lone Tree Surgery Center complies with applicable Federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, language, culture, ethnicity, age, religion, sex, mental or physical disability, sexual orientation, gender expression, gender identity, veteran status, socioeconomic status, or any other characteristic prohibited by federal, state, or local law. Lone Tree Surgery Center provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in alternative formats (large print, audio, accessible electronic formats, and other formats).
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need any of these services, please let the information desk, your nurse, or your provider know. If you believe that Lone Tree Surgery Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, please contact the Lone Tree Surgery Center Ethics and Compliance Officer at 720-739-5271.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80222
303-692-2827

English	ATTENTION: Language assistance services, free of charge, are available to you.
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Amharic	ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፤
Arabic	بالمجان لك تتوافر اللغوية المساعدة خدمات فإن ،اللغة اذكر تتحدث كنت إذا :ملحوظة
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
Cushite/Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Ibo	Ntị: O b1,m,i na as1,1 lbo, as1,1s1,1 aka 9as1,1 n'efu.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실
Kru/Bassa	De ct.e nia ke dyeq_e gbo: 8 juke 111 ['Baso o -wuq_u-po-nyo] ju nf, nH, a wuq_u ka ko ct.o po-poo bt in 111 gbo kpaa
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
Persian/Farsi	در ،رایگان بطور ،زبانی رسائی یاری خدمات ،کنید می صحبت فارسی زبان به اگر :توجه : توجه
Russian nepeB0Aa.	BHlt1MAHv1E: Ecrw1 Bbl roeopv1Te Ha pyccK0M R3b1Ke, TO eaM A0CTynHbl 6ecnnaTHble ycnym
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad.
Vietnamese	CHU Ý: Neu b1;1n n6i Tieng Vi\$т, c6 cac djch v1,1 ho trq ng6n ngO, mien phf danh cha
b1;1n. Yoruba	AKIYESI: Bio ba ns9 ede Yorubu c;ife ni iranl9w9 lori ede wa fun yin o.