



Utah Spine Medicine
Emil Cheng, M.D.

Release of Information Disclosure

The law requires us to create and keep records of each patient's medical treatment. Utah Spine Medicine safeguards those records and their use and discloses such records and the information they contain only in accordance with state and federal privacy laws. Such uses and disclosures are described in the "Notice of Privacy Practices." You should receive a copy of this notice for your review, and you acknowledge such receipt by your signature on the Patient Information Form. You may request a copy of this notice to keep for your records. I authorize this facility to release to my insurance company and all parties involved in my treatment any information concerning the diagnosis, treatment plan, professional opinion, and medical or surgical procedures performed, as well as information contained on this form. I also authorize any physician, practitioner, hospital or any other medically-related facility to release to this facility any and all information regarding my medical history to include medical, hospital, and other facility records, imaging reports, laboratory reports, and any other related reports.

Financial Agreement Disclosure

By signing the Patient Information Form, I agree to pay any amount owed within 60 days of when such charges are incurred. I understand that it is my responsibility to provide updated and correct insurance information and that this office will bill my insurance as a courtesy to me. However, regardless of insurance coverage, I agree that it is and shall remain my responsibility to pay any amount owing as set forth herein. I agree that interest will accrue on any past-due amount at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount owing is referred to a third-party debt collection agency, I agree that in addition to any other amount allowed for by law, such as interest, court costs, reasonable attorney's fees, etc., I will also be responsible for a collection fee of up to 40% of the principal amount owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to any amount incurred by me or by any individual for whom I have legal responsibility, whether such charges are incurred today or after today. I further agree to pay a service charge of \$30.00 for each check tendered by me but returned to this facility unpaid by my bank or credit union.

I hereby consent to being contacted by telephone at any number provided by me or anyone associated with me or acting on my behalf to Utah Spine Medicine or anyone acting on its behalf. I also consent to receiving e-mails at any e-mail address provided by me or anyone associated with me or acting on my behalf. I understand and agree that such contact may be initiated by Utah Spine Medicine or any of its affiliates, agents, contractors or assignees, including but not limited to billing companies and/or third party collection agencies and that the methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automated dialing device and/or the use of text messages, which may result in data charges on mobile devices.

Utah law requires Utah Spine Medicine to provide the responsible party or parties with notice, by certified mail, 60 days prior to placing any delinquent balance of my account with a collection agency or reporting any delinquent balance to any credit bureau, which actions may negatively impact my credit score. I understand that I will be charged a fee of \$10.00 if any such notice is sent to me.

I agree that I am responsible for any co-pay or deposit as required and I understand that non-payment at the time of service and having my co-pay or deposit billed may result in an additional fee of \$10 per instance. I may also be asked to reschedule my appointment.