



The Asthma & Allergy Center

3503 Samson Way #108 • Bellevue, NE 68123-4303 PHONE (402) 592-2055 FAX (402) 592-2419 www.asthmaandallergycenter.com

Patient Agreement

1. **CONSENT TO TREAT.** I hereby authorize The Asthma & Allergy Center, P.C. and its employees and agents to examine me/the patient named below and to furnish diagnostic and therapeutic services as they deem necessary and appropriate.

2. **CONSENT TO TREAT ON BEHALF OF ANOTHER PATIENT.** If I am authorizing on behalf of someone other than myself (a child, an individual with whom you are guardian/Power of Attorney) such examination and services may be provided in my absence only if deemed necessary and appropriate.

3. **FINANCIAL RESPONSIBILITY.** I understand I am responsible for all services rendered at the physicians' regular rates.
 - If my insurance benefits are assigned to the physicians and billed to the insurer, I agree to pay all charges which are not covered by insurance or which are not promptly paid by the insurer.
 - I understand and agree it is my responsibility to obtain any prior approvals required by my insurer, and to take all other steps to qualify for insurance coverage.
 - I agree that all charges are due upon billing.
 - I agree that if my account is referred to a collection agency or legal action is necessary to collect my balance, I will pay the physicians' reasonable attorney fees and costs of collection.
 - If The Asthma & Allergy Center provides me additional time or leniency in payment, this will not waive or release my financial obligations under this agreement.

4. **ASSIGNMENT OF BENEFITS.** I allow The Asthma & Allergy Center, P.C. to receive payment of insurance benefits for services provided by the physicians or their agents.
 - Any credit balance resulting from benefit payments or other sources may be applied to any other account owed by the patient or the patient's guarantor.

5. **NEBRASKA HEALTH INFORMATION INITIATIVE.** The Asthma & Allergy Center participates in the Nebraska Health Information Initiative (NeHII). NeHII is a state-wide, internet-based, health information exchange designed for health care clinicians and health insurers to safely exchange information for treatment and payment purposes.

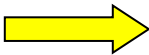
Your health information will be included in NeHII unless you opt out. You may opt out and not participate in NeHII in two ways:

1. You can call the NeHII Helpline at 866-978-1799; or
2. You can go to www.connectnebraska.net and complete the form under the tab "Opt Out or Opt Back In."

6. PRESCRIPTION HISTORY CONSENT. The Asthma & Allergy Center has the capability to check medications covered by most insurance companies. Our clinicians prescribe formulary-preferred medication if they think these alternatives are equivalent to other available medications. Your prescription list, as maintained by your insurance company, is also available electronically but requires your permission in order for our physicians to access.

By consenting I give The Asthma & Allergy Center permission to access my pharmacy benefits data electronically through eClinicalWorks Rx History. This will enable The Asthma & Allergy Center to:

- Determine the pharmacy benefits for my health plan,
- Check whether a prescribed medication is covered (in formulary) under my insurance plan,
- Display alternatives for non-formulary medications,
- Determine if my health plan allows electronic prescribing to Mail Order pharmacies, and if so, whether these pharmacies can receive prescriptions electronically,
- Provide greater prescription safety,
- Download a history list of all medications which have been prescribed for me by any physician.



Please Check One

- I choose to give the physicians of The Asthma & Allergy Center permission to obtain formulary information electronically about other prescriptions ordered by other physicians.
- I choose to NOT give the physicians of The Asthma & Allergy Center permission to obtain formulary information electronically about other prescriptions ordered by other physicians.

The Asthma & Allergy Center physicians are involved in clinical research and may provide you with information regarding clinical research studies that you may want to participate in. Most of the clinical research studies are conducted by The Asthma & Allergy Center’s affiliate research organization, Nebraska Medical Research Institute, Inc. Any use or disclosure of your medical information for research purposes will maintain the privacy of your medical information.

BY SIGNING BELOW, I am obligated to all of the terms set forth herein. This Patient Agreement shall remain valid for all subsequent visits and all services after this date unless expressly revoked.

I have read this document or it has been read to me. I understand and voluntarily accept its terms. If I am signing for someone else, I certify that I have legal authority to do so.

Patient Name: _____ **Date of Birth** _____

Signature of Patient/Parent/Responsible Party

Witness

Relationship to Patient

Date

Time