



Lightmic Consulting, LLC
Oral Maxillofacial Pathology & Forensics

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PATIENT RIGHTS and CONTRACT AGREEMENT

Forward white original to LMC - retain yellow copy - pink copy to patient

1. A fee for service will be rendered for this diagnostic procedure which is separate from the fee charged by your clinician (medical or dental) surgeon. Depending on the differing complexities of each tissue sample we receive, our fees may vary, but are within the usual & customary fees for this region. Please sign and date the statement below.

2. Office Policy: In order for Lightmic Consulting to process your biopsy specimen, perform microscopic analysis and generate a pathology report; we respectfully request payment upon completion of our analysis and report. Failure to pay or work with our office (if a payment plan is needed) after 3 billing cycles will result in collections agency assistance with up to a 50% penalty surcharge.

✓ **We courtesy submit the claim electronically to the insurance company of your choice. Subsequent to receipt of an EOB, you will be mailed an invoice. Payment balance is due upon receipt.** Coverage & reimbursements vary depending on the insurance company & plan. HMO plans will not cover charges unless prior authorization is obtained. We are not members of any preferred provider networks except Medicare.

✓ **You can elect to pay by credit card (fill in the appropriate information on the invoice you will receive), or by check and return it to our billing office.**

3. I understand that under the Health Insurance Portability & Accountability Act (HIPAA) of 1996 that I have certain rights to privacy regarding my protected health information. I understand that this information will be used to:

- ✓ Conduct, plan & direct my treatment (including additional studies if needed) & follow up among multiple healthcare providers (if needed) who may be involved in that treatment directly & indirectly.
- ✓ Lightmic Consulting has my permission to release medical or other information necessary to submit claims to my insurance company on my behalf in order to obtain payment from third party payers.
- ✓ Conduct normal healthcare operations such as quality assessment (peer review), 2nd opinion consultation and electronic transfer of your biopsy report to your doctor or appropriate staff.

4. LMC's legal duty, as applicable by federal & state law is to maintain privacy of your health information. The organization also has the right to change it's Notice of Privacy Practice from time to time and to follow those privacy notices that are in effect. You have the right to review our notice of privacy practices document prior to signing this document.

5. I understand that I am responsible for payment for all services provided by Lightmic Consulting.

6. I have read and understand the above and consent to microscopic evaluation of my tissue specimen.

Patient/responsible person signature	Date	Patient Name (print)
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