

# **KANSAS CITY ORTHOPAEDIC INSTITUTE CONSENT AND AGREEMENT FOR HEALTHCARE SERVICES**

**The *Kansas City Orthopaedic Institute* is proud to be physician owned. *Kansas City Orthopaedic Institute* is a privately owned for profit orthopaedic hospital. It is a strategic alliance between area orthopaedic surgeons and Saint Luke's Hospital. Your physician may have a financial interest in KCOI.**

## **CONSENT FOR TREATMENT**

I consent to and authorize Kansas City Orthopaedic Institute to provide healthcare services under the general and specific instructions of members of the medical staff. I further consent to any examinations, tests, or procedures that may be deemed advisable or necessary in the diagnosis and treatment at the discretion of the professional staff. I am aware that the practice of medicine is not an exact science. I understand that no promise, guarantee, or warranty has been made regarding the result of medical treatment or examination. I authorize the entity or my physicians to take photographs or other images of me or parts of my body while under the care of the entity for use in medical evaluation, education, or research. In the event that a healthcare worker, employee or volunteer is exposed to my blood or body fluids, my blood will be tested for hepatitis or Human Immunodeficiency Viral (HIV) infection. If my blood tests positive my physician will be notified.

## **RELEASE OF INFORMATION AUTHORIZATION**

I authorize the Kansas City Orthopaedic Institute to release any or all of my medical or financial record to any person or corporation which is or may be liable under contract for all or part of the medical charges. I also authorize the entity to release information needed for treatment, payment and healthcare operation purposes to physicians, or entities that provide direct or indirect medical services to me while I am a patient at Kansas City Orthopaedic Institute.

## **PROVISION OF EMERGENCY SERVICES**

The Kansas City Orthopaedic Institute's scope of care is limited to orthopaedics. Physicians are available on-call 24 hours per day, 7 days per week but may not be on the premises. There is a full complement of emergency equipment available and the nursing staff is trained in the use of that equipment and in basic and advanced cardiac life support should an emergency occur at KCOI. During your stay, should you need services not available at KCOI we have contractual agreements and affiliations with most surrounding hospitals to provide those services. Transportation to and from an affiliated facility will be arranged by KCOI based on the level of care required.

## **FINANCIAL AGREEMENT**

I, the undersigned, whether acting as agent or patient, agree that in consideration for the services rendered or to be rendered do hereby assign payment directly to all hospital entities and any or all physicians of the benefits, otherwise payable to me, but not to exceed the hospital's regular charges for this hospitalization or outpatient service. I assign payment of physician benefits to the physician or organization furnishing the services, or authorize such physician or organization to submit a claim for payment. I hereby agree to pay any and all hospital charges that exceed or that are not covered by my hospitalization insurance coverage. **THIS ASSIGNMENT IS IRREVOCABLE.** I further understand that I am financially responsible for any penalties imposed by the insurance company or health plan and/or any charges not covered by this assignment of benefits.

**RELEASE OF RESPONSIBILITY FOR VALUABLES AND PERSONAL PROPERTY**

I understand that the Kansas City Orthopaedic Institute recommends that all personal belongings and valuables be sent home. I understand that the hospital is not responsible for loss or damage to any personal property I may choose to keep with me. I understand that personal electrical items may not meet the electrical safety requirements for a hospital and I may not be allowed to use any or all of my personal electrical devices during my stay at KCOI.

**CONTRACTED SERVICES PROVIDED THROUGH KCOI**

Some services or medical products prescribed by your Physician during your care at the Kansas City Orthopaedic Institute Hospital may be provided through contracted services and will be billed separately by another entity or authorized subcontractor to you or your insurance company directly. The services or products listed on the handout provided to you may not be covered by your insurance. If you object to the use of any product provided through a contractor, you are responsible for discussing that objection directly with your Physician prior to your procedure as your Physician is solely responsible for directing your care and treatment at KCOI. Any billing questions regarding the contractors on the patient handout should be directed through their individual offices as the staff at KCOI is not billing for the services or products that they have provided.

**SMOKING POLICY**

The Kansas City Orthopaedic Institute is a smoke free campus. I understand that smoking is prohibited anywhere in the facility or on the grounds of the facility.

**PATIENT BILL OF RIGHTS AND PRIVACY NOTICE**

These are important documents that describe your legal rights as a consumer of health care, how your medical information may be used and disclosed, and how to file a complaint if necessary. You have a right to make a written request for restrictions on how your medical information can be used. KCOI is not legally obligated to agree to any restriction requests.

I have been provided a copy of and the opportunity to review the Patient’s Bill of Rights ( \_\_\_\_\_ ) and The Kansas City Orthopaedic Institute Privacy Notice. ( \_\_\_\_\_ ) prior to affixing my signature below.

**REHAB ONLY PATIENTS**

**MEDICARE BENEFICIARIES**

- Medicare regulations require that you be seen by your referring physician for a follow up office visit during the 60-day period immediately following your start of therapy. Please discuss your anticipated length of stay with your therapist to determine whether or not you should arrange for a follow up physician appointment, should your therapy need to be longer than 60 days. Failure to comply with this Medicare regulation will result in denial of continued therapy services.
- Have you been seen by a Home Health Agency in the last 30 days?  
Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, what agency was providing treatment- they may be primary.

**CANCELLATION POLICY**

In order to maximize your progress, it is critical that you attend all scheduled sessions. Arriving late or missing appointments impairs your ability to progress, disrupts staff schedule, limits other patients’ ability to get an appointment, and may affect your insurance coverage.

- If you must cancel an appointment, please call 913-253-8980 as soon as possible.
- We will make every effort to reschedule the appointment to another day in the same week.
- Missing or cancelling 3 (three) appointments in a 30-day period may result in discharge from therapy services. Once discharged, you will need a new order for therapy from your physician.
- Failure to comply with therapy appointments may affect your insurance coverage. There are often time limits or expiration dates to coverage.

\_\_\_\_\_  
Signature of Patient, Authorized Agent, or Financially Responsible Party including relationship to patient

\_\_\_\_\_  
Printed Name of person signing if not patient

PATNAME	PHYS1NUM
PATBDAY	
PATAGE	
PATSEX	PATMRNUM

**Consent for Treatment**