



New River Valley Community Services

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|----------------------|--|-----------------|-----------------------|
| Client ID / Client / | 10136592 - Lab Test Jr - 1/1/1901 | Preferred Name: | Bubba |
| Date/Time/Duration: | 2/1/2024 5:00 PM to 5:01 PM - 1 | Visit Type: | Financial Form |
| Staff: | Shana Hannah | Service ID: | 5745639 |

Standard Financial

Date of financial review: 2/1/2024

Client is...: the guarantor

Total Household Income (Annual): 0.00

Family Size: 1 person
Financial Consent to Pay

- I certify that the above information is accurate. I agree to notify NRVCS of any changes in the information. I agree to pay all non-covered charges for services provided according to my established ability to pay. I shall pay these charges at the time services are provided unless alternative arrangements are made. I have received a copy of the Fee Information brochure. If I have a third party coverage and I receive services from a Non-Provider then I will be responsible for payment of services provided.
- I hereby authorize payments directly to NRVCS for any third party benefits to which I am entitled. I agree to pay 100% of any co-payments or deductibles. I further authorize the release of medical/clinical information necessary in order to process third party claims.
- I understand that by signing this consent, HIPAA regulations permit NRVCS to use established collection procedures, including debt set-off and/or a collection agency that operates as a Business Associate of NRVCS, if I do not meet my payment responsibilities. This signed consent permits the limited disclosure of my protected health information necessary to recover payment.
- I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been take in reliance on it, and that in any event, this consent expires automatically when my financial obligations to NRVCS have been completely settled. This consent includes information placed in my records after the date indicated below.

Employee Signature

Client Signature

2/1/2024 5:01 PM
Shana Hannah