RHAD Healthcare, LLC

Patient Consent and Release Form

I authorize AZ Premier Mobile Providers, LLC and their affiliates to directly bill Medicare or Medicaid, or any other insurance provider to make direct payments to RHAD Healthcare, LLC.

I authorize any representatives of RHAD Healthcare, LLC to obtain medical or any other information necessary in order to process my claims(s), or those deemed needed for the provision of care while under this service. RHAD Healthcare, LLC and its representatives have permission to request records used to determine eligibility for services or those needed to substantiate reimbursement claims, or for other purposes related to the health care and payment while under this service. Information not obtained through the patient directly may be obtained from designated representatives by RHAD Healthcare, LLC personnel, or its affiliated partners, or other representatives.

I am aware and fully understand that the responsibility for any deductible, co-payment or any other amount, not covered by an insurance provider is my responsibility.

I am requesting the RHAD Healthcare, LLC provide medical services and fully understand by doing so, the undersigned is responsible for any outstanding debts or charges. I authorize RHAD Healthcare, LLC, to release any necessary information to insurers, other medical providers or any other service of business necessary for the provision of care.

I authorize images of my personal identification card, insurance cards, or any other personal identification or payment to be transmitted and received electronically or otherwise, as needed by AZ Premier Mobile Providers, LLC, its affiliates, or other businesses connected to the provision of care.

I authorize photography and all diagnostic imaging results to be transmitted electronically, as needed for the provision of care.

I authorize RHAD Healthcare, LLC to retain active credit card information on my behalf to satisfy charges such as co-pays or other debts as needed. I also authorize RHAD Healthcare, LLC to charge $65.00 for each scheduled visit with the provider, in which the patient is not present or not available, if the appointment was not canceled at least twenty-four hours in advance.

RHAD Healthcare, LLC may discharge any patient, at any time.

I acknowledge that RHAD healthcare, LLC has provided me with a copy of Advance Beneficiary Notice, privacy practice which is the patient handbook, to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Regulations. I also agree and understand that any general questions regarding policies can be obtained on the HIPPA website, or to the best of their ability, through AZ Premier Mobile Providers, LLC. Additional copies are available upon written request.

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Signature of Patient/Patient's Representative Date

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Printed Name of Patient/Patient's Representative

RHAD Healthcare, LLC

Advance Beneficiary Notice

You need to make a choice about receiving these health care items or services. We expect that Medicare will not pay for the item(s) or services(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services does not mean that you should not receive it. There may be a good reason your healthcare provider recommended it. Right now, Medicare probably will not pay for these and possible other items or services:

Some Diabetic Supplies

Foot Care

Durable Medical Equipment

Cholesterol Screening if already done within a 5-year period

Bone Density Testing if certain criteria is not previously established

Hearing Aides

Certain Laboratory Workups

Lab Draws

Travel Fees

Safety Equipment

Medical Supplies

Vitamins and Supplements

Home Oxygen Therapy

The purpose of the form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself.

Before you decide about your options, you should **read this entire notice carefully**.

If Medicare denies payment for any service, therapy, equipment, or any other service, I agree to be personally and fully responsible for payment. This means that I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision, but New Mobile Physician's, LLC is completely removed from the appeals process, other than providing documentation to Medicare as requested.

I understand that RHAD Healthcare, LLC does not manage home therapy, home services or the durable medical equipment process. If you require home therapy, home services or durable medical equipment, RHAD Healthcare, LLC may recommend a supplier or company upon request but does not take any responsibility for any outcomes, events, or dissatisfaction. For durable medical equipment and oxygen therapy, we recommend the Medicare Medical Supply website as a reference for these services, and upon request will email a list of oxygen and medical equipment suppliers in your immediate area form that website only. RHAD Healthcare, LLC does not represent or have any affiliation with any home oxygen or medical supply company or service. If these are needed, RHAD Healthcare, LLC providers will write orders for home therapy and durable medical equipment, and send any justifying documentation to facilitate the process, but beyond these services the management of the home services such as oxygen therapy or durable medical equipment process is entirely the responsibility of the patient or patient's

representative. RHAD Healthcare, LLC only manages the clinical aspect of the use of these services. For example, a provider may recommend durable medical equipment, but we do not oversee the procurement of it, how it is returned, or any changes associated with it. After we complete our initial obligation of recommending and providing supporting documentation to the company, we only participate by making clinical recommendation. The patient or their representative takes full responsibility for the management of home therapy, equipment, or any other service or goods obtained from any outside agency. I understand that after the required documentation is sent to a company RHAD Healthcare, LLC will not make calls on the behalf of patients, nor will they price, or guarantee in any fashion the quality of service or any other facet of an outside agency. RHAD Healthcare, LLC is not responsible for any portion of any payment required for equipment or other home care therapy or services. The role of AZ Premier Mobile Providers, LLC in home care services, therapy, and equipment is to recommend, and provide supportive documentation, and formulate medical orders as necessary for the good of the patient only.

Notifications

Privacy Note

Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare. OMB Approval No. 0938-0566 Form No. CMS-R-131-G (June 2002)

Termination of Services

RHAD Healthcare, LLC reserves the right to terminate services for any patient, at any time, with or without cause. No additional services will be offered if care is terminated. It is the sole responsibility of the patient or their representative to seek and establish care as needed in the community, and you agree to hold RHAD Healthcare, LLC, its staff, and providers harmless if termination of services should occur.

Chronic Care Management Note

You are hereby allowing RHAD Healthcare, LLC to charge your Medical insurance, Medicare for Chronic Care Management and Care Plan Oversite of your medical case on a monthly basis. This is an allowable charge by Medicare. This is for medical case management on your behalf. You may cancel this Chronic Care Management and Care Plan oversight at any time. Chronic Care Management consists of Structured Recording of Patient Health Information, Comprehensive Care Plan, Comprehensive Care Management, and Transitional Care Management.

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Signature of Patient/Patient's Representative Date

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Printed Name of Patient/Patient's Representative