



If label not available, please fill in below.
NAME:
DOB:
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FINANCIAL POLICY AND CONSENT FOR TREATMENT

Thank you for choosing WellSpan Health for your healthcare needs. Our goal is to provide our community with the highest quality of care in the most cost-effective manner. The following information outlines your financial responsibilities related to payment for services received.

General Information

Your copay, deductible, coinsurance or, under certain circumstances, payment in full is due at the time of service. We accept cash, check, VISA, MasterCard, Discover and American Express. A \$25 fee is charged for checks returned for insufficient funds.

Health Insurance

WellSpan providers participate with a wide variety of insurance plans and offers in person, virtual and phone visits. We suggest that all patients review their health insurance coverage prior to receiving services or treatment. It is the responsibility of the patient to notify us of any changes to their insurance coverage. Your insurance policy is a contract between you and your insurance company.

Although our staff is very knowledgeable about the various insurance plans with which we participate, you are in the best position to understand the detailed terms of your specific plan. We will submit claims to your primary and secondary insurance companies, whether we participate or not. The patient/guarantor will be responsible for any remaining balance. It is your responsibility to obtain and track referrals for your visits.

Pennsylvania law allows patients to "opt out" of their insurance for services they do not want submitted to their carrier. Patients choosing to "opt out" are not eligible for any self-pay discounts and payment is due at the time services are rendered.

Self-Pay Patients

Patients without health insurance are expected to pay in full at time of service. As a courtesy, we offer a 20% discount on eligible services.

Worker's Compensation

It is the patient's responsibility to inform us of work-related injuries/illnesses and to provide us with the necessary Worker's Compensation policy information. WellSpan will bill your employer's carrier, following all procedures as required by Pennsylvania's Worker's Compensation laws.

Automobile Claims

It is the patient's responsibility to inform us if their visit is related to an automobile accident and to provide us with their Automobile Insurance policy/claim information as well as their Health Insurance information. We will submit the claim to the automobile insurance carrier and, if benefits are exhausted or services are denied, we will submit the claim to your health insurance carrier.





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YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit. “**Surprise billing**” is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency Services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network. Contact the Pennsylvania Insurance Department at www.insurance.pa.gov/nosurprises or by phone at 1-877-881-6388 or TTY/TDD: 717-783-3898 if you have difficulty finding a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Pennsylvania Insurance Department at www.insurance.pa.gov/nosurprises or by phone at 1-877-881-6388 or TTY/TDD: 717-783-3898.

Visit www.insurance.pa.gov/nosurprises for more information about your rights under federal and state law. You may also visit <https://www.cms.gov/nosurprises> for information from the federal government.

Visit WellSpan.org or call Customer Service at 717-851-5005 or 877-631-4262. for more information about your rights under federal law. **This disclosure does not apply to Medicare and Medicaid Coverages.**





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PATIENT RIGHTS & RESPONSIBILITIES

STATEMENT OF PATIENT RIGHTS

As a patient of a WellSpan Health care location (including WellSpan hospitals), or as a family member or healthcare representative of a patient at this care location, we want you to know the rights you have under federal and Pennsylvania state law as soon as possible in your care location stay. We are committed to honoring your rights and want you to know that by taking an active role in your health care, you can help your caregivers meet your needs as a patient or family member. That is why we ask that you and your family share with us certain responsibilities.

YOUR RIGHTS

This care location complies with applicable federal civil rights laws and does not discriminate on the basis of age, ancestry, color, disability, gender identity, language, national origin, race, religion, sex, sexual orientation, or source of payment.

As our patient, you have the right to safe, respectful, and dignified care at all times. You will receive services and care that are medically suggested and within the care location's services, its stated mission, and as required by law and regulation.

COMMUNICATION

You have the right to:

- Have a family member, lay caregiver, or another person that you choose, or your physician or advanced practice provider notified if you are admitted to a WellSpan hospital.
- Receive information in a way that you understand. This includes interpretation and translation, free of charge, in the language you prefer for talking about your health care. This also includes providing you with needed help if you have vision, speech, hearing, or cognitive impairments.
- Designate a support person, if needed, to act on your behalf to assert and protect your patient rights.

INFORMED DECISIONS

You have the right to:

- Receive information about your current health, care, outcomes, recovery, ongoing health care needs, and future health status in terms that you understand.
- Be informed about proposed care options including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided, including any outcomes that were not expected. When it is not medically advisable to give such information to you, it will be given on your behalf to your next of kin or other appropriate person. You may need to sign your name before the start of any procedure and/or care, but "Informed consent" is not required in the case of an emergency.
- Be involved in all aspects of your care and to take part in decisions about your care.
- Make choices about your care based on your own spiritual and personal values.
- Request care. This right does not mean you can demand care or services that are not medically needed.
- Refuse any care, therapy, drug, or procedure against the medical advice of a physician or advanced practice provider. There may be times that care must be provided based on the law.
- Expect the care location to get your permission before taking photos, recording, or filming you, if the purpose is for something other than patient identification, care, diagnosis, or therapy.
- Decide to take part or not take part in research or clinical trials for your condition, or donor programs, that may be suggested by your physician or advanced practice provider. Your participation in such care is voluntary, and written permission must be obtained from you or your legal representative before you participate. A decision to not take part in research or clinical trials will not affect your right to receive care.





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VISITATION

You have the right to:

- Decide if you want visitors or not while you are here. The care location may need to limit visitors to better care for you or other patients, but will not restrict, limit or otherwise deny visitation privileges on the basis of age, ancestry, color, disability, gender identity, language, national origin, race, religion, sex, sexual orientation, or source of payment.
- Designate those persons who can visit or accompany you while you are in the care location. These individuals do not need to be legally related to you. Visitors will enjoy full and equal visitation privileges consistent with your preferences.
- Designate a support person who may determine who can visit you if you become incapacitated.
- Access an individual or agency who is authorized to act on your behalf to assert or protect your rights as a patient.
- Request a room transfer within the care location. Room transfer requests will be permitted if deemed necessary to promote the patient's well-being.

ADVANCE DIRECTIVES

You have the right to:

- Create advance directives, which are legal papers that allow you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care. You have the right to have staff comply with these directives.
- Ask about and discuss the ethics of your care, including resolving any conflicts that might arise such as, deciding against, withholding, or withdrawing life-sustaining care.

CARE PLANNING

You have the right to:

- Receive a medical screening exam to determine treatment.
- Participate in the care that you receive in the care location.
- Receive instructions on follow-up care and participate in decisions about your plan of care after you are out of the care location.
- Receive a prompt and safe transfer to the care of others when this care location is not able to meet your request or need for care or service. You have the right to know why a transfer to another health care facility might be required, as well as learning about other options for care. The care location cannot transfer you to another care location unless that care location has agreed to accept you.

CARE DELIVERY

You have the right to:

- Expect emergency procedures to be implemented without unnecessary delay.
- Receive care in a safe setting free from any form of abuse, harassment, and neglect.
- Receive kind, respectful, safe, quality care delivered by skilled staff.
- Know the names of physicians, advanced care providers, and nurses providing care to you and the names and roles of other health care workers and staff that are caring for you.
- Receive assistance in obtaining a consultation by another healthcare provider at your request and expense.
- Receive proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- Receive care that is free from restraints or seclusion unless necessary to provide medical, surgical, or behavioral health care.
- Receive efficient and quality care with high professional standards that are continually maintained and reviewed.
- Expect good management techniques to be implemented within this care location considering effective use of your time and to avoid your personal discomfort.





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PRIVACY AND CONFIDENTIALITY

You have the right to:

- Limit who knows about your being in the care location.
- Be interviewed, examined, and discuss your care in places designed to protect your privacy.
- Be advised why certain people are present and to ask others to leave during sensitive talks or procedures.
- Expect all communications and records related to care, including who is paying for your care, to be treated as confidential except as otherwise provided by law or third-party contractual arrangements.
- Receive written notice that explains how your personal health information will be used and shared with other health care professionals involved in your care.
- Review and request copies of your medical record unless restricted for medical or legal reasons.

CARE LOCATION BILLS

You have the right to:

- Review, obtain, request, and receive a detailed explanation of your care location charges and bills.
- Receive information and counseling on ways to help pay for the care location bill.
- Request information about any business or financial arrangements that may impact your care.

Please feel free to ask questions about any of these rights that you do not understand. If you have questions about these rights, please discuss them with your physician, advanced practice provider, or nurse, or the care location's Customer Services and Collections department. You will receive a personal response.

CONCERNS, COMPLAINTS/GRIEVANCES, AND QUESTIONS

You and your family/lay caregiver/healthcare representative have the right to:

- Tell the staff providing your care about your concerns or complaints regarding the care you are receiving. This will not affect your future care.
- Seek review of quality of care concerns, coverage decisions and concerns about your discharge.
- It is our priority to resolve concerns in a timely fashion during your care encounter, but if you have unresolved concerns you may call the WellSpan Health Care Line at (877) 232-5807 to bring them to our attention.
 - WellSpan's desires to provide an acknowledgement and apology as soon as possible after receipt of a concern, ideally within 24-48 hours for the best possible service recovery.
 - WellSpan will send a written response to grievances within 7 days (2 days for Behavioral Health Inpatients and Involuntary Outpatients) either acknowledging receipt of the grievance and explaining the grievance process or outlining the resolution of the grievance.
 - WellSpan expects to resolve grievances within 30 days, unless there is an extraordinary circumstance.
- If your care was provided by a WellSpan hospital, the Pennsylvania Department of Health is also available to assist you with any questions or concerns about your care. You can reach the Department of Health by calling (800) 254-5164 or writing to:

Acute and Ambulatory Care Services
 Pennsylvania Department of Health
 Room 532, Health and Welfare Building
 625 Forster Street
 Harrisburg, PA 17120





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- If your care was provided by a WellSpan location that is accredited by The Joint Commission, you can contact them with concerns about your care by contacting:

Office of Quality and Patient Safety
 The Joint Commission
 One Renaissance Boulevard
 Oakbrook Terrace, IL 60181
 (800) 994-6610
patientsafetyreport@jointcommission.org

- WellSpan Health supports and celebrates the rights of all people. If you believe that WellSpan has failed to provide services to you – or discriminated in any way – including but not necessarily limited to the basis of age, ancestry, color, disability, gender identity, language, national origin, race, religion, sex, sexual orientation, or source of payment, you can file a grievance in two different ways:
 - Directly to WellSpan Health by emailing civilrightscoordinator@wellspan.org or by calling (local) 717-812-4795 or (toll free) 877-604-4066;
 - By notifying the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue
 SW Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)
 Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

- Medicare beneficiaries may contact Livanta (the State Quality Improvement Organization) about concerns regarding the quality of care received, coverage decisions or an issue of premature discharge:

Livanta BFCC-QIO Program
 (888) 396-4646
 TTY: (888) 985-2660
www.livantaqio.com/en/Provider/Contact_Information

STATEMENT OF PATIENT RESPONSIBILITIES

As a patient, family member, or healthcare representative, you have the right to know all care location rules and what we expect of you during your care location stay.

PROVIDE INFORMATION

As a patient, family member, lay caregiver, or healthcare representative, we ask that you:

- Provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications and other matters relating to your health.
- Report any condition that puts you at risk (for example, allergies or hearing problems).
- Report unexpected changes in your condition to the health care professionals taking care of you.
- Provide copies of your Advance Directive, Living Will, Durable Power of Attorney for health care, and any organ/tissue donation permissions to the health care professionals taking care of you.
- Tell us who, if anyone, you would like to visit or accompany you while in the care location.





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RESPECT AND CONSIDERATION

We trust that our patients, their families and visitors, share our commitment to treating all physicians, advanced practice providers, staff, and other persons in this care location with the dignity and respect that they deserve.

As a patient, family member, or healthcare representative, we expect that you:

- Recognize and respect the rights of other patients, families and staff. Any threatening, violent or harassing behavior exhibited toward other patients, visitors and/or care location staff for any reason, including but not necessarily limited to age, ancestry, color, disability, gender identity, language, national origin, race, religion, sex, sexual orientation, or source of payment will be considered discriminatory and will not be tolerated.
- Understand that the care location will attempt to accommodate a patient's choice of care giver whenever possible, however, we cannot accommodate a patient's choice of care giver, or refusal of treatment, based upon the care giver's ethnic background, religion, national origin or other discriminating factors. The patient's refusal to be treated, under these circumstances, may result in transfer of the patient's care to another facility. Also, in the event of an emergency, patients may receive treatment by any qualified physician or health care professional, regardless of patient preference.

SAFETY

As a patient, family member, lay caregiver, or healthcare representative, we ask that you:

- Promote your own safety by becoming an active, involved and informed member of your health care team.
- Ask questions if you are concerned about your health or safety.
- Make sure your provider knows the site/side of the body that will be operated on before a procedure.
- Remind staff to check your identification before medications are given, blood/blood products are administered, blood samples are taken, or before any procedure.
- Remind caregivers to wash their hands before taking care of you.
- Be informed about which medications you are taking and why you are taking them.
- Ask all care location staff members to identify themselves.
- Comply with the care location's no smoking policy.
- Refrain from conducting any illegal activity on the care location's property. If such activity occurs, the care location will report it to the police.

REFUSING CARE

As a patient:

- You are responsible for your actions if you refuse care or do not follow care instructions.

CHARGES

As a patient:

- You are responsible for paying for the health care that you received as promptly as possible.

COOPERATION

As a patient:

- You are expected to follow the care plans suggested by the health care professionals caring for you while in the care location. You should work with your health care professionals to develop a plan that you will be able to follow while in the care location and after you leave the care location.

