

Consent for Treatment

I hereby authorize *Hygeia: A Unique Center for Women's Health* to administer such treatment and perform such procedures necessary or advisable in the diagnosis and treatment of the undersigned or designated patient.

I understand that I may need a written referral from my Primary Care Provider to receive preferred benefits for the services rendered today and at subsequent visits. If I do not have a written referral from my Primary Care Provider, I understand that I may be financially responsible for the visit.

I also understand that Dr. Jacobs is contracted only with Anthem BC/BS, MVP, Harvard Pilgrim, TriCare, Medicare and VT and NH Medicaid. If I am insured by any other carrier, I understand that Dr. Jacobs is considered "out of network" and I understand that my financial responsibility for this visit will be according to the "out of network" coverage of my plan.

I hereby authorize *Hygeia: A Unique Center for Women's Health* and/or their designees to submit claims to my insurance carrier and release any information needed for the processing of claims related to any services or procedures performed.

I am financially responsible for all services provided today and subsequently if my insurance card is not available or if I do not present the card in a timely manner.

I may be additionally financially responsible for the cost of any legal fees or other costs of collection if my bill is turned over to a collection agency.