



O'Connor Hospital

2105 Forest Avenue • San Jose, CA 95128-1471
(408) 947-2500

EMERGENCY INFORMATION AND CONSENT TO TREATMENT PART II

1. FINANCIAL AGREEMENT

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses. In accordance with the requirements of the federal Emergency Medical Treatment and Active Labor Act, the Hospital will provide any patient who comes to the Emergency Department and requests treatment with an appropriate medical screening examination to determine whether the patient has an emergency medical condition. If the medical screening examination indicates that the patient does not have an emergency medical condition, then the Hospital will provide treatment necessary to stabilize that emergency medical condition. The medical screening examination and stabilizing treatment will be provided regardless of the patient's ability to pay or payment source.

2. ASSIGNMENT OF INSURANCE BENEFITS

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of any insurance benefits, otherwise payable to or on behalf of the undersigned for this hospitalization or for these outpatient services, including emergency services if rendered at a rate not to exceed the hospital's regular charges. It is agreed that payment to the hospital, pursuant to this authorization, by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this agreement. For services performed at O'Connor Hospital you may require tests and procedures for which you will receive a separate bill from your physician(s). O'Connor Hospital does not bill for the services of physicians.

3. HEALTH CARE SERVICE PLAN OBLIGATION

This hospital maintains a list of the health care service plans with which it has contracted. A list of such plans is available upon request from the financial office. The hospital has no contract, express or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full cost of all services rendered to him/her by the hospital if he/she belongs to a plan which does not appear on the above mentioned list.