

Mary Margaret O'Neill, MD, Inc. (dba Cedar Ob/Gyn)
Consents – Treatment, Billing, HIPAA

Consent for treatment

- I hereby consent to and authorize the administration of all diagnostic procedures, medical treatment, anesthetics and surgical procedures deemed necessary by Mary Margaret O'Neill, MD.

Financial and Insurance Authorization

- I authorize direct payment of insurance benefits to Mary Margaret O'Neill, MD for services rendered by her in person or under her supervision. I understand that I am financially responsible for my account regardless of my insurance. It is my responsibility to know & understand my insurance policy & benefits. -
- This includes referrals, copayments, covered lab & X-ray benefits, and prior authorizations for procedures. I further understand that if I enroll in another insurance plan, it is my responsibility to notify the health care provider; otherwise I will be responsible for payments.
- Any charges which are either for medical care not covered by my policy or as a result of not following the required procedures of my health plan are my financial responsibility.
-All copayments are due in full at the time of service. All other charges are due within 60 days from time of service.
- I authorize the release of all medical information necessary to secure payment of benefits & request the payment of medical benefits be made directly to Dr. Mary Margaret O'Neill unless payment is made full at the time of service.

Prescription History

- I authorize the office of Mary Margaret O'Neill, MD to request and use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

HIPAA Acknowledgement

- I hereby acknowledge that I have received a copy of Mary Margaret O'Neill, MD's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available at each appointment.

Consent to Access Health Information via the Internet

- I hereby acknowledge that I have received a copy of Mary Margaret O'Neill, MD's, Consent to Access Health information via the Internet using a Secure Patient Portal electronic application form and agree to the terms and conditions. I further acknowledge that a copy of the current notice will be available at each appointment.

Notice to Consumers regarding your Health Care Practitioner

Name & License: Mary Margaret O'Neill CA: G69694 Academic Degree: MD
Board Certification: American Board of Obstetrics and Gynecology
Medical doctors are licensed and regulated by the Medical Board of California.
(800) 633-2322. www.mbc.ca.gov

I would like a chaperone in the exam room during the pelvic exam/PAP. Yes _____ No _____

Signature: _____ Date: _____

Mobile Phone: _____ eMail: _____

___ Please check here if you do NOT want appointment reminders via email or text