



SENTARA

CONSENT FOR TREATMENT: Sentara Hospitals, d.b.a. Sentara Norfolk General Hospital, d.b.a. Sentara Virginia Beach General Hospital, d.b.a. Sentara Careplex Hospital, d.b.a. Sentara Leigh Hospital, d.b.a. Sentara Bayside Hospital, d.b.a. Sentara Williamsburg Regional Medical Center, or Sentara Obici Hospital, Incorporated ("Hospital") accept the below-named Patient for diagnostic testing, emergency or inpatient treatment and/or inpatient or outpatient surgery. The undersigned hereby consent(s) to Hospital providing its standard services and supplying/administering all services, supplies, medications and anesthesia ordered by Patient's or Hospital's attending physicians or their assistants, and to the performance of all procedures they deem advisable, and to the disposal of removed tissues.

FINANCIAL AGREEMENT: The undersigned agree(s) to pay all charges made by the Hospital and the medical providers at their current rate for services rendered and for supplies used in providing care and treatment to the patient. The undersigned understand(s) that any prepayment is for estimated charges only and agree(s) that the final bill may be different. The Hospital is not in the business of extending credit. All charges shall be paid when due (within 30 days of initial billing.) The obligation of each undersigned is an original, direct and independent promise to pay based on the exclusive credit of each, and not a collateral or contingent promise to answer for the debt of another. If all charges are not paid when due, the undersigned agree(s) to pay 33 1/3% attorney's fees, or collection agency fees, which shall be deemed incurred upon referral for collection, plus costs, and interest at the current rate applicable by Statute to Virginia Judgments.

The Patient and the undersigned responsible parties are primarily liable for payment of Patient's account. It is their sole responsibility to comply in a timely manner with all requirements, and supply all information and documents necessary to obtain payment of benefits by any HMO or insurer, CHAMPUS, Medicare, Medicaid, State-Local Hospitalization, Workers' Compensation carrier, governmental agency or other third-party source of benefits/payments. The Hospital may submit claims to such payees as a courtesy only. It is NOT, unless by regulation or contract with the insurer or government agency, obligated to do so. The undersigned understand(s) that professional fees for Emergency Physicians, Radiologists and other physicians' services are billed separately from Hospital's services. Should there be cumulative payments to Hospital in excess of the charges incurred for Patient's admission, it is understood that the excess may be applied by the Hospital to any of the Patient's outstanding accounts resulting from previous hospital admissions and/or treatments.

ASSIGNMENT OF BENEFITS from claims made by or on behalf of patients for any insurance coverage, workers' compensation, governmental agency or disability benefits, and ASSIGNMENT OF PROCEEDS from all settlements, judgments or verdicts in favor of the undersigned from third party liability claims for injuries treated hereunder, in an amount equal to the full amount of all charges (including attorney's fees, collection agency fees, costs and interest) due hereunder is made to Hospital and medical providers without offset. It is agreed that SUCH ASSIGNMENTS SHALL NOT BE REVOKED. Hospital and medical providers are given a lien in like amount and are authorized to receive direct payment of all assigned benefits/proceeds. Any attorney, insurance carrier or agency handling or disbursing such benefits or proceeds is ordered, authorized and directed to withhold and promptly pay over to Hospital and medical providers the lesser of the full amount of their charges or the total net proceeds or benefits available without offset.

NOTICE OF DEEMED CONSENT FOR INFECTIOUS DISEASE TESTING: Virginia Code Section 32.1-45.1 provides that when either a person providing health care service or a patient is directly exposed to the body fluids of the other in a way that may transmit human immuno-deficiency virus or Hepatitis B or C virus, such other person is deemed to have consented to testing for those viruses and to release of the test results to the person so exposed, and actual consent is not required.

PERSONAL VALUABLES: The Hospital shall not be liable for loss of, or damage to, property not deposited with it for safekeeping.

NOTICE OF PRIVACY PRACTICES: Effective April 14, 2003. I have been offered and accepted a copy of Sentara's Notice of Privacy Practices on this date. _____ initials _____ date

I have been offered and declined to receive a copy of Sentara's Notice of Privacy Practices on this date. _____ initials _____ date

YOUR PATIENT RIGHTS AND RESPONSIBILITIES: I have been offered and accepted a copy of Sentara's Your Patient Rights and Responsibilities on this date. _____ initials _____ date

I have been offered and declined to receive a copy of Sentara's Your Patient Rights and Responsibilities on this date. _____ initials _____ date

RECEIPT OF IMPORTANT MESSAGE: _____ I have received a copy of the Important Message from CHAMPUS.

EACH UNDERSIGNED REPRESENTS THAT HE/SHE HAS READ AND FULLY UNDERSTAND THE MEANING AND EFFECTS OF THIS ENTIRE AGREEMENT, AND THAT THE HOSPITAL HAS MADE NO REPRESENTATION NOT HEREIN SET FORTH. CARBON COPIES AND PHOTOCOPIES HEREOF ARE DUPLICATE ORIGINALS FOR ALL PURPOSES.

Date/Time _____ Patient Signature _____ Other responsible party signature _____ Relationship _____

Patient Unable/Unavailable to Sign (If checked, two witness signatures required.)

No Responsible Person Available (If checked, two witness signatures required.)

Date _____ Witness Signature _____

Date _____ Witness Signature _____

PATIENT LABEL