



QueerDoc, PLLC: CONSENTS TO CARE, PRIVACY, AND FINANCIAL AGREEMENT

Acknowledgement of Financial Responsibility:

I acknowledge my financial responsibility to pay for all medical care or services received from QueerDoc, including but not limited to all lab fees, regardless of insurance coverage, eligibility or referral status. I understand that QueerDoc does not contract with insurance. I understand that it is my responsibility to contact any laboratory company, as necessary, to provide my insurance information, if any, for billing purposes. In the event QueerDoc is billed for and required to pay for any of my lab fees, I understand that QueerDoc will send an invoice to me for such amount(s) or bill my account on file, that I will be financially responsible to pay such amount(s) and that I am solely responsible for seeking reimbursement from my insurance company for such amount(s), if applicable. I understand that laboratory testing and pharmacy services are provided by independent third-party businesses that set their own pricing and billing practices.

I acknowledge my financial responsibility to pay for all fees associated with paperwork. Requested paperwork, such as prior authorizations, FMLA forms, or other forms or letters incur separate fees from the cost of visits.

Payment at Time of Service:

Payments are accepted by credit card and administered through a third party payment processing system via QueerDoc's secure online billing through QueerDoc's secure patient portal. A credit card must be on file at time of services. Your credit card will be charged overnight after the day of your visit. If you have a history of late payments or overdue balances, payment will be required at the beginning of any future visits.

Appointment Cancellations:

I understand that visits must be rescheduled or cancelled at least 72 hours in advance and that failure to do so will incur a fee of up to the minimum sliding scale payment, billed to the credit card on file.

Collection of Past Due Accounts:



I understand that all unpaid accounts may be sent to collection, and no further services will be provided until the balance on the account is paid in full.

Release of Information:

I authorize QueerDoc to release any medical or financial information necessary to audit any payments for the medical services provided to me (or the identified person) by QueerDoc.

I understand that I have received, reviewed, understand, and will comply with the policies and procedures explained in this QueerDoc CONSENTS TO CARE, PRIVACY, AND FINANCIAL AGREEMENT.

I understand that this agreement may be reassessed or amended by QueerDoc periodically.

I understand that a copy of this form will be kept in my medical chart and a copy may be furnished to me at my request.