



St. Thomas East End Medical Center Corporation
 4605 Tutu Park Mall, Suite 207
 P.O. Box 503177
 St. Thomas, VI 00805-3177

Tel: (340)775-3700
 Fax: (340)777-7927

“Your Health is our First Priority”

CONSENT FOR MEDICAL/ DENTAL CARE

St. Thomas East End Medical Center Corporation (STEEMCC) is hereby authorized to provide medical, behavioral, and dental services, examinations, diagnostic tests. Procedures and immunizations as advised by any of its physicians, nurses, dentists, and other medical and dental personnel. STEEMCC is required by law to disclose all material risks and alternative medical treatments. By consenting, patient has acknowledged that you have been informed in general terms of the nature and purpose of the medical and dental treatments, examination, diagnostic tests.

Initial: _____

PATIENT FINANCIAL RESPONSIBILITY

You are responsible for any co-payment at the time of service and on receipt of a bill for any amount as determined by your contract with your insurance carrier. You are responsible for any amount not covered by your insurer. If your insurance carrier denies any part of your claim, you will be responsible for your account balance in full. If you are not insured, or if the services being provided have been discounted, you will be expected to provide the discounted payment in full for our services at the time they are rendered.

I have read the above policy regarding my financial responsibility to St. Thomas East End Medical Center Corporation for providing rehabilitative services to the above-named patient or me. I certify that the information provided is, to the best of my knowledge, true and accurate. I agree to pay St. Thomas East End Medical Center Corporation the full and entire amount of all bills incurred by me or the above-named patient, if applicable, any amount due after payment has been made by my insurance carrier.

Initial: _____

CONSENT OF PHOTOGRAPHY

As a part of the registration, patient(s) who present without an ID, will have his/her photo taken during the registration process. This is to minimize fraud and duplications in our system.

Initial: _____

CONSENT OF TELEMEDICINE

To ensure the safety of the staff and patients, STEEMCC is using telemedicine to service our patients in the community. Telemedicine involves the use of secure electronic communications to provide health care services to the community. This enables the best social distancing practice with the provider and patient in different locations. Telemedicine at STEEMCC will provide the same quality of service as if you were in the facility. If you refuse to participate or decides to stop participation in a telemedicine visit, it will be recorded in your medical record. Your refusal will not affect future care or treatment at STEEMCC.

Initial: _____

AUTHORIZATION

- Consent
- Consent for Behavioral /Medical/ Dental Care
 - Acknowledge patient financially responsibility
 - Consent for Photography if needed
 - Consent for Telemedicine

- DO NOT Consent
- DO NOT consent for Medical/ Dental care
 - DO NOT acknowledge patient financially responsibility
 - DO NOT Consent for Photography if needed
 - DO NOT Consent for Telemedicine

 Authorized Signature

 Relationship to Patient

 Witness

 Date