

## PATIENT TREATMENT AGREEMENT

**For Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC**

Hello! This form is a comprehensive document that covers matters of consent, privacy, insurance, and medical care. Please read it through and feel free to ask any of our staff in case you have any questions!

*Signing a new agreement today at any location of Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC supersedes patient agreements that either entity may have on file.*

### GENERAL CONSENT FOR TREATMENT

I wish to receive medical care from Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC.

I authorize the physicians, medical providers, allied healthcare workers, and professional staff at Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC to provide medical treatment to me or the patient named within for whom I might be representing.

I agree with getting diagnostic tests and procedures, including X-rays, injections or administration of pharmaceutical products/ medications, drawing of blood or getting internal exams done.

I acknowledge that no guarantees or assurances have been made to me concerning the results or findings intended from treatment, examination or outcome of the proposed treatment plan at Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC.

I release Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC from all liability due to the loss or damage of any valuables or personal belongings.

### NOTICE OF PRIVACY PRACTICES

I have read and acknowledged the [Privacy Practices](#).

## **Insurance Fraud Policy and Legal Disclosure**

The failure to provide accurate information as to your insurance coverage, or the obtainment of services through deception by use of fake insurance IDs constitute a fraudulent act. Such acts are subject to a civil penalty. It is the policy of Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC to report all insurance fraud to the New York State Commissioner of Insurance, Insurance Fraud Bureau.

I understand that I am financially responsible for any accrued charges and that a late fee of \$25.00 will be assessed for each invoice that I receive every 30 days. In addition, I agree to pay any charge-back fees. If the account is referred to collection, I agree to pay all collection fees, interest, court costs, and attorney fees.

At the time of the visit, I agree to pay Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC the following:

1. Co-payments as set by my insurance carrier.
2. An initial fee of \$100 towards my deductible (if applicable).
3. Any other amounts that my insurance deems to be my responsibility (costs of all vaccines for preventative care, or amounts not covered by my insurance carrier either based upon my insurance plan or because my insurance card is inactive or invalid).
4. Cost for the office visit as set by Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC if I do not have valid insurance and failed to declare it at the time of my visit.
5. I acknowledge that any and all X-rays taken at this facility are part of the medical record and property of Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC. A report of the findings may be obtained upon request. I have the right to receive an itemized statement by emailing a written request to Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC at [service@naomedical.com](mailto:service@naomedical.com) or by calling the office at (917) 310-3371.

## ***Assignment of Benefits***

I assign the benefits payable for the physician's services to Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC to submit a claim to Medicare/Medicaid, and other insurances for payment.

## ***Responsibility for Credit Dispute***

I understand that if I initiate a dispute with my credit card company in regards to a payment made to Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC,

that I will be responsible for the \$50.00 cost (which includes time, labor and chargeback fees) incurred as a result of the dispute investigation.

## **PATIENT PRIVACY AND COMMUNICATIONS**

### ***Telephone Policy***

Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC staff will not be discussing my lab or imaging results over the phone, or with anyone else without my written or verbal consent.

### ***Technology-Enhanced Clinical Support and Documentation***

At Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, we utilize advanced digital tools and technologies to support the delivery of high-quality medical care. These tools assist our healthcare providers by enhancing diagnostic and treatment accuracy based on the integration and analysis of clinical data. The technology is used to support our healthcare providers in processing and analyzing health information more efficiently and accurately. This supports the clinical decision-making process by providing comprehensive insights derived from extensive medical databases and current standards of care. We ensure the strict confidentiality and security of your health information. All digital tools are used in compliance with HIPAA regulations, and measures are in place to protect your data against unauthorized access or use. All final medical decisions are made by our licensed medical professionals, who consider your specific medical conditions, history, and the best available clinical evidence. The technology serves as an aid, not a substitute for professional judgment. In addition, we may use AI-based scribe technologies that listen to your patient visits through a microphone to assist in accurately documenting your medical records. This technology is also HIPAA-compliant, and all recorded information is securely processed, used solely for your medical care, and is deleted after a set amount of time. By signing this form, you acknowledge and consent to the use of digital technologies as part of your evaluation and treatment at Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC. You recognize that these technologies are integrated into our healthcare services to enhance the quality of care.

### ***Prescription History***

I give Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, permission to access my external prescription history to enable quality medical care.

### ***Patient Portal***

I agree to be web-enabled and text enabled which will allow me to access my blood test results, keep track of appointments, update patient demographic information, and access patient education materials at Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC. I have fully read and understood this consent form and the policies and procedures regarding the Patient Portal.

## ***Text Messaging***

I understand and acknowledge that receipt of or use of the text messaging service from a terminal such as a mobile device is subject to any agreements I have with my cellular network carrier and any fees that they may charge, including but not limited to fees for text messages, data usage or internet access. Any and all fees are my sole responsibility and not that of Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC.

I give permission for Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC to share Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC Business Contact information via text message to me on my cell phone. Business Contact information includes a contact number, contact email, business address, website, business hours, and services provided.

## **BILLING**

I understand that if my eligibility for coverage by my insurance company cannot be confirmed, or if it is determined that I am not eligible for coverage, I will be responsible for payment of all services provided. It is my responsibility to notify my insurance company to obtain authorization for services rendered.

I understand that all accrued charges may not be reflected at the time of check-out. I may receive a statement detailing additional accrued charges, such as unsatisfied deductible balances, laboratory, radiological services, or special procedures. All charges will be filed with the insurance information on file if provided by me at the time of the visit.

Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC will file a claim to the insurance carrier that I provide at the time of my visit. However, Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, does not guarantee payment from my insurance carrier. It is my responsibility to understand the details of my insurance policy and covered benefits.

After my insurance company has processed my claim, I will receive a bill for any remaining balance due. I can pay my bill through the Nao Medical patient portal by visiting [naomedical.com](http://naomedical.com) and clicking

“Patient Portal” at the top or by following the instructions on my bill statement. I understand that if my insurance is not active at the time my claim is filed, I will be responsible for the full payment due.

As per New York State law, I acknowledge that any person who knowingly and with intent to defraud any insurance company, physician, or other healthcare practitioner is committing fraud, which is a crime.

If I have provided my insurance information during my visit, the billing team will submit a claim to my insurance company. Once the claim is processed, my insurance company will send a statement indicating the amount I owe. If I have a remaining balance, I will receive a statement via text message with the amount due.

For my convenience, Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, will charge the credit/debit/HSA/FSA card I have left on file. There will be approximately seven days from the time I receive the statement to when my card is charged.

If I would like to make alternative payment arrangements or have questions regarding my statement, I must contact the billing team before the charge date listed on my statement. The billing team’s phone number and email address will be provided in the statement.

By signing this form, I consent to leave a credit/debit/HSA/FSA card on file with Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC. My payment information will be securely stored using the same encrypted software as my medical records. I also consent to my card being charged for any remaining balance I owe. I have read and agreed to the Credit Authorization.

## **MEDICAL CARE**

The evaluation and treatment I am receiving today are part of the comprehensive medical care provided by Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, which includes primary care, urgent care, and follow-up care.

I understand that:

- If my condition requires ongoing management, I may schedule follow-up visits at Nao Medical or with one of its primary care providers (PCPs) or my own PCP.
- If my symptoms persist or worsen, I will follow up with a provider at Nao Medical or my own PCP as soon as possible.
- My care plan may involve additional diagnostic tests, specialist referrals, or treatments that will be discussed with me.

- I should follow all instructions provided by my healthcare provider regarding medications, treatments, and further care.

For any urgent medical concerns, I can contact Nao Medical and Hicksville Family Medical Care, PLLC, at (917) 310-3371.

## HEALTH INFORMATION EXCHANGE

I give consent to all Health Information Exchange (HIE) participants, as listed on their respective websites, including but not limited to Healthix, Connective Health, and all partner networks they are affiliated with, to access my electronic health information. I also give consent to all employees and agents of Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC to retrieve, review, and use my electronic health records through Healthix, Connective Health, and any other Health Information Exchange (HIE) network they are connected to for any permitted purposes as described in the fact sheet.

This consent includes but is not limited to the exchange of my medical records for:

- Coordination of my care across healthcare providers
- Treatment, diagnosis, and management of medical conditions
- Emergency medical care
- Population health management and quality improvement initiatives

I understand that my health information may be shared securely and in compliance with HIPAA regulations to ensure continuity of care. This authorization allows Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, to retrieve and use my health records from any of the Health Information Exchange networks they participate in, either directly or through their partnerships.

## LATENESS POLICY

Patients are expected to arrive 5-10 minutes earlier than their scheduled appointment. If you are late by more than 10 minutes beyond your scheduled time, we will try to accommodate you by either rescheduling you for an appointment on the same day, or asking you to wait for an opening near the time of your scheduled appointment. If no accommodations can be made for the same day, you will be charged the cancellation fee of \$50.00 for visits related to primary care, GYN, or nutrition services (\$100.00 fee for psych services). This cancellation fee is collected because the physician was placed on standby, and a patient could not be seen during that time slot, as it was reserved for you. Please respect our providers' time and other patients' time by arriving on time for your appointments.

## CANCELLATION POLICY

If you cancel 24 hours prior to your appointment, there is no penalty as long as you reschedule. If you cancel less than 24 hours prior to your appointment, there is a cancellation fee of \$50.00 for visits related to primary care, GYN, or nutrition services (\$100.00 fee for psych services). This cancellation fee is collected because the physician's time slot was taken by you, and less than 24 hours may not be enough time to fill that slot with another patient.

## NO SHOW POLICY

If you have an appointment scheduled and do not appear for the appointment at all, this is called a No Show. No Shows may be charged a \$50.00 fee for visits related to primary care and Nutrition Services and \$100.00 for visits related to mental health services. No-show fees will be charged at the practice's discretion. This fee is charged because the physician was on standby waiting for you, and during this time slot, another patient could not be scheduled because you were expected to arrive. After three No Shows, you may be asked to leave the practice. Please respect our physicians' time and other patients' time by at least notifying the practice 24 hours prior to your appointment.

## RESCHEDULING POLICY

You may reschedule your appointment up to 24 hours prior to your scheduled appointment without penalty. If you must reschedule less than 24 hours prior to your scheduled appointment, you will be charged the cancellation fee of \$25.00 for visits related to primary care, GYN, or nutrition services (\$50.00 for psych services). This cancellation fee is collected because the physician's time slot was taken by you, and less than 24 hours may not be enough time to fill that slot with another patient.

## PATIENT CONDUCT AND RESPONSIBILITIES

As a patient at Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, you are an integral part of our community, and we ask for your partnership in upholding these principles.

1. **Respect for Staff:** I will treat all healthcare staff, including Health Care providers including physicians, nurse practitioners, physician assistants, nurses, administrative personnel, and support staff, with courtesy, respect, and professionalism at all times.
2. **Non-Discrimination:** I will not discriminate against or harass any staff member based on their race, color, religion, gender, sexual orientation, national origin, age, disability, or any other protected status. Discriminatory behavior or language will not be tolerated.
3. **Sexual and Physical Advances:** I understand that any form of sexual or physical advances, harassment, or inappropriate behavior directed toward healthcare staff is strictly prohibited. This includes unwelcome sexual comments, gestures, advances, or any form of physical

contact that is not part of necessary medical care. Violation of this policy may result in immediate termination of my treatment, discharge from practice, and legal action if necessary.

4. **Confidentiality:** I will respect the privacy and confidentiality of all healthcare staff, fellow patients, and any sensitive information I may become aware of during my treatment. I will not share or disclose any confidential information.
5. **Complaint Procedure:** If I have concerns or complaints regarding the conduct of any healthcare staff member, I will follow the established complaint procedure at Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, which may involve reporting the issue to the appropriate supervisor or the facility's administration.
6. **Patient Responsibilities:** I understand that as a patient, I have certain responsibilities to my own healthcare, including providing accurate information about my medical history, complying with recommended treatments, and following the facility's policies and procedures.
7. **Consequences of Violation:** I acknowledge that any violation of this patient treatment agreement may result in the termination of my treatment at Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, and I may be subject to legal action as appropriate.

### Financial Policy Agreement

Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC Signing a new agreement today at any Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC location supersedes patient agreements that either entity may have on file.

As a courtesy, Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan; if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

It is the policy of Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC, that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their deductible, copay, and/or coinsurance payment at the beginning of each visit. The reception staff will explain this information to you prior to your visit. At the conclusion of your visits with us, you may be billed for any outstanding balances. If there is a credit, you will be provided a refund promptly.

If you are covered by health insurance for visiting Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC offices, we will be happy to bill your insurance.



Please provide your insurance information to the front office staff, and we will verify your coverage as a courtesy. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.

Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

We highly recommend you also contact your insurance carrier and check into your coverage for visiting Statcare Urgent & Walk-In Medical Care DBA Nao Medical and Hicksville Family Medical Care, PLLC offices. Do not assume that you will not owe anything if you have more than one insurance policy.

### **Consent for Telehealth Services**

I understand that my healthcare provider wishes to engage in a telehealth visit or series of visits. I understand that these encounters will not be the same as a direct patient-provider visit because I will not be in the same room as my healthcare provider. Instead, we will be communicating using two-way simultaneous audio-visual technology (the technology).

I understand that I have the right to refuse to participate in any telehealth visit at any time or to end it at any point during the service. I understand that if I do not wish to participate in a telehealth visit, I will need to either make an appointment for an in-person visit with my provider or seek care at the closest emergency department if I believe that my symptoms warrant that level of care.

I further understand that my provider may not be able to accommodate an in-person visit, and there may be a delay in my care if I choose an in-person visit.

I understand that my healthcare provider can discontinue the telehealth visit if he or she believes that this technology does not meet the standard of care necessary to address my medical concerns. If this happens, I understand that I will need to either make an appointment for an in-person visit with my provider or seek care at the closest emergency department if I believe that my symptoms warrant that level of care.

I understand how this technology will be used to conduct any telehealth visits with this practice. I also understand that, with this technology, there is a risk of interruption and technical difficulties.

I have had the opportunity to ask questions about telehealth services and technology. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language that I understand.

I understand that I will be told the identity of everybody who will be in the room with my healthcare provider during any telehealth visit and that those people will be present only because my healthcare provider has determined that their presence is necessary to assist in my medical treatment according to the applicable standard of medical care.

I have been told whether my provider is licensed to provide medical care in the state where I am located.

I understand that I will be responsible for any copays and coinsurance that apply to my telehealth visit(s). This consent will remain valid for the remainder of the calendar year in which my first telehealth visit with the practice listed at the top of this consent form took place.

## **AUTHORIZATION TO CHANGE PRIMARY CARE PROVIDER**

*(The following section only applies to Primary Care patients of Hicksville Family Medical Care, PLLC)*

Hicksville Family Medical Care, PLLC  
135 Mineola Blvd, Mineola, NY 11501  
(917) 310-3371  
HFMC Tax ID: 271058844

### Patient Authorization for Change of Primary Care Provider

I authorize Hicksville Family Medical Care, PLLC, to serve as my designated primary care provider and to take any necessary steps to update my primary care provider (PCP) on file with my insurance carrier. By signing this form, I understand and consent to the following:

1. **Purpose of Authorization:**  
This authorization allows Hicksville Family Medical Care, PLLC, to act on my behalf in requesting a change of my primary care provider with my health insurance carrier to a provider within their practice.
2. **Authorization of Information Release:**  
I consent to the release of relevant personal information, including but not limited to my insurance policy information, medical history, and personal identifiers, as required to facilitate this change with my insurance carrier.
3. **Scope of Authorization:**  
This authorization includes any communication and documentation required to process and verify the change of my primary care provider with my insurance carrier.
4. **Duration of Authorization:**  
This authorization will remain in effect until my primary care provider has been officially

updated by my insurance carrier to a provider from Hicksville Family Medical Care, PLLC. I understand that I may revoke this authorization at any time by submitting a written request to Hicksville Family Medical Care, PLLC, at the address listed above. Revocation of this authorization will not affect any actions taken based on this authorization before the written revocation was received.

5. Acknowledgment of Voluntary Choice:

I understand that designating Hicksville Family Medical Care, PLLC, as my primary care provider is my voluntary choice and that this authorization does not obligate me to continue receiving care from Hicksville Family Medical Care, PLLC. I have the right to change my primary care provider at any time, subject to the rules of my insurance carrier.

6. Notice of Privacy Rights:

I understand that Hicksville Family Medical Care, PLLC, will handle my information in compliance with HIPAA and New York State privacy regulations. My health information will be used solely for the purpose of updating my primary care provider with my insurance carrier and providing ongoing healthcare services.