

## ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY

Originated: Revised: 06/2025 Reviewed:  
Medical Record File No: REG A-01 Form No: 6820 SEH

Date: \_\_\_\_\_ Patient: \_\_\_\_\_

### **ASSIGNMENT OF BENEFITS**

1. I hereby authorize, request, and direct my health/hospitalization insurance company or third party payor of record to pay directly to St. Elizabeth Healthcare, and any of my other medical providers, the hospital benefits or any other benefits payable under the terms of my health insurance policy or plan.
2. I further authorize St. Elizabeth Healthcare or any of my treating physicians to release medical, psychiatric, psychological, and/or other information to the St. Elizabeth Healthcare's legal counsel, third-party payers, benefit administrators, guarantors and/or other persons as necessary for them to verify benefits, to determine the necessity and appropriateness of the above patient hospital stay or services, to authorize medical services to be received, process claims for benefits, and/or to represent the above patient in a third party payor's hearing and/or appeal process regarding payment for hospital expenses, including, but not limited to, Medicaid's hearing and appeals process.

### **STATEMENT OF FINANCIAL RESPONSIBILITY**

3. I understand that hospital and medical bills are due and payable upon discharge. By signing below, I accept and acknowledge financial responsibility to St. Elizabeth Healthcare and other medical providers, including but not limited to, the above patient's treating physician, surgeon, anesthesiologist, radiologist, and Durable Medical Equipment (DME) provider, for payment of their fees for services rendered to the above patient and not paid timely by my health insurance or plan. I hereby agree and promise to pay St. Elizabeth Healthcare's fees on or before the patient's discharge date unless upon admission I make other arrangements in writing with a financial counselor at St. Elizabeth Healthcare.

### **REGIMEN OF TREATMENT**

4. When St. Elizabeth Healthcare provides services to the above patient through a regular, on-going course of treatment on an outpatient basis (a Regimen of Treatment), a Series Account will be established, which account will bear different account numbers each month, but which will reflect services rendered for the same primary diagnosis with no change in payor. By signing below, I accept and acknowledge financial responsibility to St. Elizabeth Healthcare and other medical providers as set out in paragraph 3 above for payment of fees for services to the above patient under a Regimen of Treatment for a maximum period of ninety (90) days provided the fees are not paid timely by a health insurance policy or plan. I hereby agree and promise to pay St. Elizabeth Healthcare's fees related to the Regimen of Treatment on the date of each said treatment unless I make other arrangements in writing with a financial counselor at St. Elizabeth Healthcare.

### **MEDICARE NOTICE OF NON-COVERAGE**

5. **MEDICARE NOTICE OF NON-COVERAGE:** Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862 (a) (1) of the Medicare law. Self-administered drugs to outpatients are not covered under the law. I have been notified that if the patient receives drugs that are able to be self administered while an outpatient of the St. Elizabeth Healthcare, Medicare will not cover payment for such items. I agree to be personally responsible for payment of such charges.

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### **CONSENT TO WIRELESS TELEPHONE, EMAIL or TEXT USAGE FOR THE HEALTHCARE COMMUNICATION**

6. I, the undersigned, understand that by providing a cellular telephone number to St. Elizabeth Healthcare, I hereby freely, voluntarily, and expressly authorize, agree, and consent to receive telephone calls from St. Elizabeth Healthcare, other medical providers who provided treatment to me in a St. Elizabeth facility, and/or their third party debt collectors to said cellular telephone, which calls may be placed by means of an automatic telephone dialing system or an artificial or pre-recorded voice. I also consent to receiving healthcare communication at that number by text message from St Elizabeth Healthcare. If at any time I provide an email address at which I may be contacted, I consent to receiving healthcare communication at that email from St Elizabeth Healthcare. I understand St. Elizabeth will not send protected health information via text or email. This authorization specifically pertains to services provided on this date forward and in the past.

### **Notice of Availability of Language Assistance Services and Auxiliary Aids and Services**

**English:** SEH provides language assistance services and appropriate auxiliary aids, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are needed to provide meaningful access to an individual with limited English proficiency.

**Arabic (Arabic):** خدمات المساعدة اللغوية ووسائل الإعانة المناسبة، بما في ذلك خدمات ترجمة الوثائق St. Elizabeth Healthcare قدم مستشفى. إمكانية الوصول المجدية للأفراد ذوي الإلكترونية والمكتوبة وخدمات الترجمة الفورية الشفهية، مجانًا وفي الوقت المناسب، عند الحاجة إلى مثل هذه الخدمات لتوفير إمكانية الوصول المجدية للأفراد ذوي إجادة محدودة في اللغة الإنجليزية.

**Burmese (Burmese):** St. Elizabeth Healthcare သည် အင်္ဂလိပ်ဘာသာစကားကျွမ်းကျင်မှုအားနည်းသော ပုဂ္ဂိုလ်အား အပြည့်အဝ ဝန်ဆောင်မှုရယူသုံးစွဲခွင့် ပံ့ပိုးပေးရာတွင် ဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုသာမက ဘာသာပြန်ဆိုထားသော အီလက်ထရောနစ်နှင့် လက်ရေးစာရွက်စာတမ်းများ၊ နှုတ်ဖြင့် စကားပြန်များအပါအဝင် သင့်လျော်သည့် အထောက်အကူပြု ဝန်ဆောင်မှုများကို လိုအပ်ပါက အချိန်နှင့်တစ်ပြေးညီ အခမဲ့ ပံ့ပိုးပေးသည်။

**Chinese (Chinese):** St. Elizabeth Healthcare 提供免费且及时的语言援助服务和适当的辅助设备，包括书面翻译电子文件和口译服务，以便与英语能力有限人士进行有效沟通。

**Oromo (Oromo):** St. Elizabeth Healthcare tajaajila gargaarsa afaanii fi deeggersa meeshaalee dhageettii, dubbii fi arguu barbaachisoo ta'an, sanadoota elektirooniksii fi barreeffamaan hiikamanii fi turjumaana afaanii dabalatee, kaffaltii malee fi yerootti tajaajilli akkasii barbaachisutti, nama dandeettii Ingiliffaa murtaa'aa qabu tokkoof dhaqqabamummaa hiika qabu ni kenna.

**Dutch (Dutch):** St. Elizabeth Healthcare biedt gratis en tijdig taalondersteuning en passende hulp, waaronder elektronische en schriftelijke vertaling van documenten en een tolk, wanneer dergelijke diensten nodig zijn om de toegankelijkheid tot de zorg te verbeteren voor personen met een beperkte Engelse taalvaardigheid.

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**Deutsch (Pennsylvania Dutch):** St. Elizabeth Healthcare duitt Lei helfe as Druwwel hen fer Englisch verschteh. Sell meent, sie kenne em Copies uff der Computer odder uff Babier griege vun Documents in Englisch as in differnti Schprooche getranslate sin. Sie kenne aa en Interpreter beigriegen wammer Hilf braucht fer schwetze mit ebber in Englisch. Des alles duhn sie unni as es em ennich ebbes koscht, un gschwind.

**Français (French):** St. Elizabeth Healthcare fournit des services d'assistance linguistique et des aides auxiliaires appropriées, y compris des documents électroniques et écrits traduits et une interprétation orale, gratuitement et en temps opportun, lorsque ces services sont nécessaires pour fournir un accès important à une personne dont la maîtrise de l'anglais est limitée.

**Deutsch (German):** St. Elizabeth Healthcare bietet kostenlos und zeitnah Sprachmittlungsdienste und entsprechende Hilfsmittel an, wie die schriftliche Übersetzung von Dokumenten im elektronischen und Papierformat sowie mündliche Dolmetscherdienste. Auf diese Weise soll Personen mit eingeschränkten Englischkenntnissen ein ungehinderter Informationszugang ermöglicht werden.

**हिंदी (Hindi):** अंग्रेज़ी का बहुत ज़्यादा ज्ञान न रखने वाले व्यक्तियों को सार्थक ऐक्सेस देने करने के लिए, St. Elizabeth Healthcare ज़रूरी होने पर, निःशुल्क और सही समय पर भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण प्रदान करता है, जिसमें इलेक्ट्रॉनिक और लिखित अनुवादित दस्तावेज़ और मौखिक व्याख्या शामिल हैं।

**日本語 (Japanese):** St. Elizabeth Healthcare は、英語が苦手な人に意味あるアクセスを提供するために、電子的および書面による翻訳文書や口頭通訳を含む言語支援サービス及び適切な補助手段を、無料で適時に提供いたします。

**Kinyarwanda (Kirundi):** St. Elizabeth Healthcare irungika serevise z'ugufasha ururimi n'imfashanyo z'abantu bafise ingorane mu kwumva, harimwo n'inyandiko z'ivy'ubuhinga bwa none n'uguhindura inyandiko yanditse n'ugusemura amajambo, ku buntu kandi mu buryo bubereye, mu kiringo izo serevise zikenewe kugira umuntu atazi neza icongereza ashobore kuronka izo serivisi azitahura neza.

**한국어 (Korean):** St. Elizabeth Healthcare 는 영어 능력이 제한된 개인에게 의미 있는 접근성을 제공하기 위해 이러한 서비스가 필요할 때 무료로 적시에 전자 및 서면 번역 문서와 구두 통역을 포함한 언어 지원 서비스와 적절한 보조 도구를 제공합니다.

**नेपाली (Nepali):** St. Elizabeth Healthcare ले सीमित अङ्ग्रेजी प्रविणता भएका व्यक्तिलाई अर्थपूर्ण पहुँच उपलब्ध गराउन आवश्यक हुँदा निःशुल्क रूपमा र समयमै विद्युतीय र लिखित अनुवादित कागजात र मौखिक अनुवादहरू लगायतका भाषासम्बन्धी सहायता सेवा तथा उपयुक्त सहायक सामग्रीहरू उपलब्ध गराउँछ।

**ਪੰਜਾਬੀ (Punjabi):** St. Elizabeth Healthcare ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਉਪਕਰਣ ਪ੍ਰਦਾਨ ਕਰਦੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਇਲੈਕਟ੍ਰਾਨਿਕ ਅਤੇ ਲਿਖਤੀ ਅਨੁਵਾਦ ਕੀਤੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਮੌਖਿਕ ਵਿਆਖਿਆ ਸ਼ਾਮਲ ਹਨ, ਮੁਫਤ ਅਤੇ ਸਮੇਂ ਸਿਰ, ਜਦੋਂ ਅਜਿਹੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਸੀਮਤ ਅੰਗਰੇਜ਼ੀ ਮੁਹਾਰਤ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ ਅਰਥਪੂਰਨ ਪਹੁੰਚ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਹੁੰਦੀ ਹੈ।

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**Русский (Russian):** В больнице St. Elizabeth Healthcare бесплатно и своевременно предоставляются языковые услуги и другая помощь (в том числе услуги электронного, письменного и устного перевода), когда это необходимо, чтобы обеспечить полноценный доступ для лиц с ограниченным знанием английского языка.

**Srpsko-hrvatski (Serbo-Croatian):** St. Elizabeth Healthcare pruža usluge jezičke pomoći i odgovarajuća pomoćna pomagala, uključujući elektronske i pismene prevedene dokumente i usmeni prevod, besplatno i blagovremeno, kada su takve usluge potrebne da bi se obezbedio smislen pristup osobi sa ograničenim znanjem engleskog jezika.

**Español (Spanish):** St. Elizabeth Healthcare proporciona servicios de asistencia lingüística y ayudas auxiliares adecuadas, incluidos documentos electrónicos y escritos traducidos e interpretación oral, gratuita y oportunamente, cuando dichos servicios son necesarios para proporcionar un acceso significativo a una persona con dominio limitado del inglés.

**Tagalog (Tagalog):** Nagbibigay ang St. Elizabeth Healthcare ng mga serbisyo ng tulong sa wika at naaangkop na mga auxiliary na tulong, kabilang ang mga electronic at nakasulat na mga isinaling dokumento at pasalitang interpretasyon, nang walang bayad at sa napapanahong paraan, kapag ang mga naturang serbisyo ay kinakailangan para magbigay ng makabuluhang pag-access sa isang indibidwal na limitado ang kahusayan sa Ingles.

**Tiếng Việt (Vietnamese):** St. Elizabeth Healthcare cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện hỗ trợ phù hợp, bao gồm tài liệu dịch điện tử và văn bản cùng dịch vụ thông dịch, tất cả đều miễn phí và kịp thời khi các dịch vụ đó cần thiết cho cá nhân có trình độ Tiếng Anh hạn chế.

**X** \_\_\_\_\_

Signature of Policyholder/ Insured/ Responsible Party

\_\_\_\_\_

Date / Time

\_\_\_\_\_

Relationship to Patient

\_\_\_\_\_

Witness