



Carol A. Somersille, M.D.

Fellow, American College of Obstetricians and Gynecologists

Exceptional women deserve exceptional care

Consents (to be signed electronically)

Consent for treatment

I hereby consent to and authorize the administration of all diagnostic procedures, medical treatment, anesthetics and surgical procedures deemed necessary by Carol A. Somersille, MD.

Financial and Insurance Authorization

I authorize direct payment of insurance benefits to Carol A. Somersille, MD for services rendered by her in person or under her supervision. I understand that I am financially responsible for my account regardless of my insurance. It is my responsibility to know & understand my insurance policy & benefits. This includes referrals, copayments, covered lab & X-ray benefits, and prior authorizations for procedures. I further understand that if I enroll in another insurance plan, it is my responsibility to notify the health care provider; otherwise I will be responsible for payments.

Any charges which are either for medical care not covered by my policy or as a result of not following the required procedures of my health plan are my financial responsibility.

All copayments are due in full at the time of service. All other charges are due within 60 days from time of service.

I authorize the release of all medical information necessary to secure payment of benefits & request that payment of medical benefits be made directly to Dr. Carol A. Somersille, MD unless payment is made in full at the time of service.

Prescription history

I authorize the office of Carol A. Somersille, MD to request and use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

HIPAA Acknowledgement

I hereby acknowledge that I have received a copy of Carol A. Somersille, MD's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available at each appointment.

Consent to Access Health Information via the Internet

I hereby acknowledge that I have received a copy of Carol A. Somersille, MD's, Consent to Access Health Information via the Internet Using Electronic Application Form and agree to the terms and conditions. I further acknowledge that a copy of the current form will be available at each appointment.

Notice to consumers regarding your health care practitioner

Name & license: Carol A. Somersille CA: A50927

Academic degree: Medical Doctor (MD) from The Johns Hopkins University School of Medicine

Board certification: Diplomate, American Board of Obstetrics and Gynecology

Medical doctors are licensed and regulated by the Medical Board of California. (800) 633-2322.
www.mbc.ca.gov.

Signature

Date