

MIDAMERICA CARDIOVASCULAR CONSULTANTS AGREEMENTS AND AUTHORIZATION

CONSENT TO HEALTHCARE SERVICES

You, (the undersigned Patient, or undersigned person responsible for consenting on Patient's behalf) hereby request and consent to Patient healthcare services from MidAmerica Cardiovascular Consultants. The Patient health care services will be provided by licensed treating physicians, or employees or agents of MidAmerica Cardiovascular Consultants with appropriate clinical privileges.

RESPONSIBILITY FOR PERSONAL ARTICLES

Patient or Patient's representative acknowledges and agrees that MidAmerica Cardiovascular Consultants does not assume responsibility for valuables. Patient acknowledges and agrees to accept responsibility for clothing and/or personal effects, including dentures, eye glasses, hearing devices, etc.

PAYMENT GUARANTEE

In consideration of the services provided by MidAmerica Cardiovascular Consultants to Patient, you agree to; i) guarantee payment of all charges incurred by Patient in connection with such services ("Patient Charges"); ii) irrevocably assign and transfer to MidAmerica Cardiovascular Consultants all right, title and interest to medical reimbursement benefits to which Patient is entitled for the purpose of payment of Patient Charges; and iii) authorize payment of such benefits directly to MidAmerica Cardiovascular Consultants. You also agree to be fully responsible for the payment of any and all Patient Charges to the extent that these charges are not satisfied by the assigned benefits.

MEDICARE

You certify that any information given by you as the Patient or Patient Representative in applying for payment under Title XVII (18) of the Social Security Act is correct. You authorize any holder of medical or other information about Patient to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medical claim. You authorize payment of authorized benefits to MidAmerica Cardiovascular Consultants on Patient's behalf.

CONSENT TO RELEASE OF INFORMATION

You authorize MidAmerica Cardiovascular Consultants to release to employer groups, government agencies, insurance companies, or other third-party payers and their agents, and its collection representatives, and attorneys, the following "Patient Information": medical history, diagnoses and procedures performed, course of treatment, plan of care prognosis, supplies and/or such other information that may be requested for the purpose of determining eligibility and availability of Patient's benefits, obtaining authorization/payment for Patient's health care services, or billing and collection of amounts due to MidAmerica Cardiovascular Consultants for services rendered. In the case of Patient information released for purposes of payment of Patient Charges, this authorization shall be valid only for the period of time necessary to process payment claims. You agree to pay any Patient Charges that are denied or are ineligible for medical reimbursement benefits as a result of your refusal or revocation of consent disclose Patient Information. Finally, in the event that the Patient's Employer, or an insurance company representing such employer, requests Patient Information relating to healthcare services provided for worker's compensation injuries, it is understood and agreed that MidAmerica Cardiovascular Consultants is required, under Illinois law, to release copies of such information to such employer or insurance company without the authorization of Patient or Patient's representative.

No revisions or changes to this form by you will be accepted by MidAmerica Cardiovascular Consultants.

Signature of Patient or Responsible Party (parent, guardian or other representative)	Relationship	Date
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Signature of Policyholder	Relationship	Date
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Signature of Witness to signing of consent form	Date
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If Patient or Responsible Party did not sign this consent, document the reason below and sign below.