



☐ SHARP MEMORIAL HOSPITAL  
☐ SHARP GROSSMONT HOSPITAL  
☐ SHARP CHULA VISTA MEDICAL CENTER  
☐ SHARP MARY BIRCH HOSPITAL FOR WOMEN

☐ SHARP CORONADO HOSPITAL AND  
HEALTHCARE CENTER  
☐ SHARP MESA VISTA HOSPITAL  
☐ \_\_\_\_\_

## ADMISSION AGREEMENT FOR OUTPATIENT SERVICES

- You recognize that all physicians and surgeons furnishing services are independent practitioners and not agents or employees of the hospital. They have been granted the privilege of using the hospital for the care and treatment of their patients. You consent to all hospital services rendered under the general and special instructions of the physician(s). You will receive separate bills for physician services. Initial here  I acknowledge that the physicians are NOT employees of the hospital.
- You agree that, to the extent necessary to determine liability for payment and to obtain reimbursement, the hospital may disclose portions of the patient's record, including medical records, to any person or corporation which is or may be liable for all or any portion of the hospital's charges, including but not limited to insurance companies, health care service plans, or worker's compensation.
- Patient rights and responsibilities are posted at registration areas and available upon request.
- The hospital is not liable for loss or damage to your personal property.
- It is your responsibility to comply with the directions of your health plan to ensure payment. If we are a non-contracted provider, you agree that you are individually responsible for full charges for services rendered. You agree, whether you sign as agent or as patient, that in consideration of the services to be rendered to the patient, you hereby individually obligate yourself to pay all hospital bills in accordance with the rates as indicated in the hospital charge description master and terms of the hospital to include service charges and/or interest bearing payment plans. The hospital, or other entity contracting with the hospital, may obtain credit reports from national credit bureaus. Should the account be referred to an attorney or collection agency for collection, you shall pay all related fees and collection expenses. All delinquent accounts shall bear interest at the legal rate. Whether you sign as agent or as patient, you assign and authorize direct payment to the hospital of all insurance, disability and contract benefits for services rendered. You understand you are financially responsible for charges not covered by this assignment. This assignment cannot be revoked.
- The Hospital's employee processing this document is not authorized to make or accept modifications to or deletions from its language. You acknowledge that any modifications, including deletions, made by you are not binding on the Hospital. Refusal to sign this document may not relieve you from financial responsibility for services you accept from the Hospital and/or independent practitioner physicians.
- You are encouraged to contact your nurse or the Patient Relations department if you have concerns and/or complaints about your care. If your concerns and/or complaints are not resolved to your satisfaction, you may file a formal grievance with Patient Relations or Administration and a hospital Grievance Committee will review your issues. Complaints about Advance Directives or any other issue may be filed with the CDPH – Licensing and Certification Program, San Diego District Office, 7575 Metropolitan Drive, Suite 211, San Diego, CA 92108, OR via telephone at (619) 278-3700 or (800) 824-0613.

## CONTACT INFORMATION

The undersigned expressly consents and agrees that Sharp Rees-Stealy/Sharp HealthCare, its business associates, and other third parties, including debt collectors, may send periodic electronic communications for any lawful purpose, including routine business and/or marketing purposes, at any email address or phone number he/she provides. Messages may be sent by text (SMS), email, automatic telephone dialing systems (auto-dialer), prerecorded messages or live operator calls. Message frequency will vary. Message and data rates apply. The undersigned may opt out of receiving further automated, electronic communications at anytime by texting STOP or calling 1-800-827-4277. Whether the undersigned agrees to receive these messages will not affect care in any way. Visit [www.sharp.com/terms](http://www.sharp.com/terms) for complete Terms of Use.

The Medical Board of California, the Board of Podiatric Medicine and the Osteopathic Medical Board of California are the only authorities that may take disciplinary action against the license of a physician, surgeon or podiatrist. Contact the Medical Board of California at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, 1-800-633-2322 and/or the Board of Podiatric Medicine at 2005 Evergreen Street, suite 1300, Sacramento, CA 95815, 1-916-263-2647; and/or the Osteopathic Medical Board of California at 1300 National Drive, Suite 150, Sacramento, CA 95834-1991, 1-916-928-8390.

Signature \_\_\_\_\_ Relation \_\_\_\_\_ Date/Time \_\_\_\_\_

Witness \_\_\_\_\_ Date/Time \_\_\_\_\_