Children's Healthcare of Atlanta
at Hughes Spalding

RONALD McDONALD CARE MOBILE®
CONSENT TO TREAT

The Ronald McDonald Care Mobile's mission is to bring asthma care where kids live, learn, and play.

Name________________________________

Date of Birth__________________________

MRN#_______________________________

Account/HAR#_________________________

PATIENT IDENTIFICATION

V. INDIGENT CARE TRUST FUND: Hughes Spalding is a participant in the Georgia Indigent Care Trust Fund. As such, patients and/or responsible parties who meet certain income levels as indicated by the Federal Poverty Guidelines may be eligible for free (or reduced cost for) services offered by Hughes Spalding. Patients and/or responsible parties interested in this program may call the financial counselors for further information.

VI. SELF PAY: I understand that I am financially responsible for charges or any unpaid balances for the patient account listed above. Hughes Spalding has informed me of the availability of financial assistance through Hughes Spalding's financial counseling programs. I acknowledge that I was unable to provide proof of insurance at the time of service, I do not have insurance and/or that services will not be covered by my insurance plan.

VII. COBRA: If you have continuation of insurance from a prior employer, please complete this section.

Previous employer information:

Employer Name ______________________________

Address ____________________________________

Phone Number _______________________________

Policy # ____________________________________

Insurance Information:

Insurance Name ________________________

Insurance Phone #________________________

Group # ______________________________

*This Ronald McDonald Care Mobile® is made possible by a grant from Ronald McDonald House Charities, Inc., a non-profit, tax-exempt charitable corporation ("RMHC Global"), and by Ronald McDonald House Charities of Atlanta, a non-profit tax-exempt charitable corporation ("RMHC Local"). ***The undersigned acknowledges and agrees that (i) RMHC Global and RMHC Local have no responsibility or liability for the operation of this Ronald McDonald Care Mobile or any of the medical care, dental care and/or health education activities conducted therein and (ii) each of RMHC Global and RMHC Local is fully released from any and all claims arising therefrom.***

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS

I certify that I have read and understand this consent and have signed below. A copy of Hughes Spalding's Privacy Notice and the Patient Rights and Responsibilities have been made available to me.

____
Name (please print full name)

____
Signature

____
Relationship to Patient

____
Date/Time

____
Telephone Witness (if needed)
(please print full name)

____
Signature

____
Date/Time

Children's complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color or national origin, age, disability, or sex.
Children's Healthcare of Atlanta at Hughes Spalding is owned by the Fulton-DeKalb Hospital Authority and managed by HSOC Inc., an affiliate of Children's.