



Memorandum

To: All Clinic Patients
From: Bloss Memorial Healthcare District
Subject: Acceptance of Patients and Termination of Services Notice

The District would like to welcome you to the clinic. We would also like to thank you for choosing us to provide you medical care.

The providers of Bloss Memorial Healthcare District are able to accept patients to treat a variety of acute and/ or chronic non-life threatening conditions. As described in the District’s Scope of Service policy #170, patients will be accepted for all care based on medical needs that fall within the providers scope of service and practice.

Bloss can terminate medical services for the following reasons:

1. Patient requires services beyond the providers’ expertise or scope of licensure.
2. Excessive medication use/ abuse determination after consultation with supervising physician and/or other physician consultation.
3. Altering/falsification of prescriptions and/or other pertinent patient medical-related information.
4. Verbal or physical abuse, e.g., threatening or assaultive behavior toward a District Staff member.
5. Patient’s failure to comply with recommended/prescribed course of treatment.

Available is a copy of the rate schedule and refund policy and if known, outside services rate schedule.

Do you want a copy? (Please circle one) NO/YES (if yes, did you receive a copy?) Yes/No

My signature below indicates my receipt, acknowledgement and understanding of the District’s Acceptance of Patient/ Termination of Service policy, Refund policy, rate schedule and outside service rate, (if known).

Print Patient Name

Patient’s Date of Birth

Patient or Parent’s Signature

Today’s Date

If signed by someone other than patient, please state your relationship: _____

Witness (Office Use)

Date