
Certification of Voluntary and Informed Consent

Abortion Instructions and Informed Consent Form



Also available in Spanish

Kansas Department of Health and Environment
1000 S.W. Jackson, Suite 220
Topeka, Kansas 66612-1274
Toll Free 1-888-744-4825

Available online: www.womansrighttoknow.org

INSTRUCTIONS FOR CERTIFICATION OF VOLUNTARY AND INFORMED CONSENT FORM

This form is in compliance with the Woman's Right to Know Act (K.S.A. 65-6708 *et seq.*) and is an important legal document. Properly prepared, it is proof that the physician or qualified agent of the physician complied with the statutory requirement that the pregnant woman received complete information about her alternatives and voluntarily consented to an abortion at least 24 hours prior to having the abortion. Complete the form in accordance with the following instructions:

- All entries must be in ink. Type, print or stamp all entries other than the pregnant woman's confirmation initials, signatures, dates and times.
- In the upper left hand corner, enter the name and address of the facility. A stamped name and address is acceptable.
- In Sections I and II, type, print or stamp the name of the individual who presented the information and indicate whether that person is the physician who will perform the abortion, referring physician, or other qualified person by entering check marks in the appropriate spaces. Have the pregnant woman read the sections and initial in the spaces provided to acknowledge receipt of information.
- In Section III, type, print or stamp the name of the physician who will perform the abortion. Have the pregnant woman read the section and initial in the space provided to acknowledge receipt of information.

The CERTIFICATION OF VOLUNTARY AND INFORMED CONSENT - ABORTION form is composed of instructions and a consent form. If information or materials are provided by a referring physician, that person retains the original. It is recommended that the referring physician retain the original as part of the patient's medical records. Give a copy to the patient with verbal instructions to take it to the physician who is to perform the abortion. It is recommended that this physician also retain a photocopy of this consent form and make it a part of the patient's medical record. The CERTIFICATION OF VOLUNTARY AND INFORMED CONSENT - ABORTION (on the reverse side) should not be sent to Kansas Department of Health and Environment (KDHE).

The INDUCED TERMINATION OF PREGNANCY, PHYSICIAN'S REPORT ON NUMBER OF CERTIFICATIONS RECEIVED form must be submitted monthly by the physician accepting referral and who performs the abortion to the:

Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics
1000 SW Jackson, Ste. 100
Topeka, Kansas 66612

Questions and/or comments may be submitted to the KDHE/BFH, 1000 SW Jackson Street, Ste 220, Topeka, KS 66612-1274 or toll-free 1-888-744-4825.

Center for Women's Health
Herbert C. Hodes, MD., FACOG
Traci L. Nauser, M.D., FACOG
4840 College Blvd.
Overland Park, KS 66211
913-491-6878

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
2011 Legislative Session, amended K.S.A. 65-6709 and K.S.A. 65-6710

VOLUNTARY AND INFORMED CONSENT FORM

Please initial each section to indicate the information was provided.

Initials: _____ **SECTION I. The following information was presented to me in writing at least 24 hours before the abortion by** Dr. Herbert Hodes - Dr. Traci Nauser, **who is (check one):**
☐ **the physician who is to perform the abortion;** ☐ **a referring physician.**

1. The name of the physician who will perform the abortion;
2. a description of the proposed abortion method;
3. a handbook titled, If You Are Pregnant (available in print form and on-line);
4. description of the risks related to the proposed abortion method, including risks to my reproductive health and alternatives to the abortion that a reasonable patient would consider material to the decision of whether or not to undergo the abortion;
5. the probable gestational age of the unborn child at the time the abortion is to be performed and that Kansas law requires the following: No person shall perform or induce an abortion when the unborn child is viable unless such person is a physician and has a documented referral from another physician not legally or financially associated with the physician performing or inducing the abortion and both physicians determine that: (1) the abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause substantial and irreversible impairment of a major bodily function of the pregnant woman, and no person shall perform or induce a partial birth abortion on a viable unborn child unless such person is a physician and has a documented referral from another physical not legally or financially associated with the physician performing or inducing the abortion and both physicians determine: (1) The abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant women. If the child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child;
6. the probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed;
7. the contact information for free counseling assistance for medically challenging pregnancies and the contact information for free perinatal hospice services;
8. the medical risks associated with carrying an unborn child to term; and
9. any need for anti-Rh immune globulin therapy, if I am Rh negative, the likely consequences of refusing such therapy and the cost of the therapy.

Informed Consent Form Obtained

Initials: _____ **SECTION II. The following information was presented to me in writing at least 24 hours before the abortion by** Dr. Herbert Hodes - Dr. Traci Nauser, **who is (check one):**
☐ **the physician who is to perform the abortion;** ☐ **a referring physician;** ☐ **a qualified person (an agent of the physician who is a psychologist, licensed social worker, registered professional counselor, registered nurse or physician).**

1. A handbook titled, If You Are Pregnant: Directory of Available Services (available in print form and on-line) including a list of agencies which offer alternatives to abortion including adoption services;
2. medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and more detailed information on the availability of such assistance is contained in the printed materials given to me and described in K.S.A. 65-6710, and amendments thereto;
3. the father of the unborn child is liable to assist in the support of my child, even in instances where he has offered to pay for the abortion (in the case of rape this information may be omitted);
4. I am free to withhold or withdraw my consent to the abortion at any time prior to invasion of the uterus without affecting my right to future care or treatment and without the loss of any state or federally-funded benefits to which I might otherwise be entitled; and,
5. an abortion terminates the life of a whole, separately unique, human living being.

Initials: _____ **SECTION III.** At least 30 minutes prior to the abortion procedure, prior to physical preparation for the abortion and prior to the administration of medication for the abortion, I met privately with the physician who is to perform the abortion and such person's staff and I had an adequate opportunity in my own language to ask questions and obtain information from the physician concerning the abortion.

Initials: _____ **SECTION IV.** At least 30 minutes prior to the abortion procedure, the physician informed me that ultrasound equipment is used preparatory to the performance of an abortion, my right to view the ultrasound image at no additional expense, and my right to receive a picture of the image at no additional expense.
Ultrasound used: yes _____,
I requested to view image: yes _____, no _____
I requested a physical picture: yes _____, no _____

Patient Signature: _____ Date: _____ Time: _____ A.M. or P.M. (circle one)

Initials: _____ At least 30 minutes prior to the abortion procedure, the physician informed me: that heart monitor equipment is used preparatory to the performance of an abortion, and my right to listen to the heartbeat at no additional expense.
Heart monitor equipment used: yes _____,
I requested to listen: yes _____, no _____

Patient Signature: _____ Date: _____ Time: _____ A.M. or P.M. (circle one)

This certification required by K.S.A. 65-6709 shall be placed in the woman's medical file in the physician's office and kept for 10 years or in the case of a minor 5 years past the minor's majority, but in no event less than 10 years.

Rev. 7/11

Informed Consent Form Obtained

24-HOUR INFORMED CONSENT

BRING THIS DOCUMENT WITH YOU TO YOUR APPOINTMENT INITIAL EACH SECTION & SIGN THE BOTTOM

DO NOT MAIL IT BACK TO OUR OFFICE!

To comply with Kansas Law {effective July 1, 1998, July 1, 2009, July 1, 2013} amended July 1, 2011, July 1, 2013), you must receive this Informed Consent at least 24 hours prior to your procedure.

1. _____ Your abortion procedure will be **performed by:** Herbert Hodes, MD, **OR** Traci Nauser, MD
2. _____ You will have the opportunity to **meet with the doctor** before your procedure.
3. _____ **Estimated Gestation of Pregnancy:** Until you have a sonogram at our office to determine how far along you are, the best way to **estimate** the gestation is by the date of the **1st day** of your **last normal menstrual period**.

If you believe your last normal menstrual period STARTED:	Then you are probably about:
4 weeks ago	4 weeks pregnant
5 weeks ago	5 weeks pregnant
6 weeks ago	6 weeks pregnant
7 weeks ago	7 weeks pregnant
8 weeks ago	8 weeks pregnant
9 weeks ago	9 weeks pregnant
10 weeks ago	10 weeks pregnant
11 weeks ago	11 weeks pregnant
12 weeks ago	12 weeks pregnant
13 weeks ago	13 weeks pregnant
14 weeks ago	14 weeks pregnant
15 weeks ago	15 weeks pregnant
16 weeks ago	16 weeks pregnant
17 weeks ago	17 weeks pregnant
18 weeks ago	18 weeks pregnant
19 weeks ago	19 weeks pregnant
20 weeks ago	20 weeks pregnant
21 weeks ago	21 weeks pregnant
21.6 weeks ago	21.6 weeks pregnant

The final determination will be made by our doctor upon ultrasound examination. If you are between 4-14 weeks the usual procedure is Vacuum Aspiration (“D&C”). If you are between 15-21.6 weeks the most common procedure is Dilation and Evacuation (“D&E”)

4. _____ TYPES of Abortion Procedures:

First Trimester (4-13 wks LMP) “Suction D&C” This procedure begins with a local anesthetic given to numb the cervix. The cervix is then widened using dilators, which are tapered rods that gradually increase in size. The physician inserts a small tube (cannula), into the uterus. The suction device empties the contents of the uterus through the tube. The physician may check the walls of the uterus with a curette. The entire procedure takes less than 2 minutes. Sensations will vary, but they are described as cramping or discomfort, which generally subsides within a few minutes after the procedure is over.

Second Trimester (14-21.6 wks LMP) Dilation & Evacuation (“D&E”) During the first appointment; 1, or more, osmotic dilators (“*laminaria*”) are inserted into the cervix to begin the process of slow, gentle dilation of the cervix. The abortion procedure occurs several hours later (or, the next morning) and involves removal of the pregnancy tissue with forceps. A suction instrument is also used to clean the uterus, and a curette is used to check the uterine walls. Patients are then monitored in a recovery area following the procedure.

5. _____ **COMPLICATIONS of ABORTION:** Possible complications include: blood clots accumulating in the uterus, requiring another suction procedure; infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions; a tear in the cervix, which may be repaired with stitches; perforation of the wall of the uterus, which may heal itself or may require surgical repair or, rarely, hysterectomy; and abortion that is not complete, or that does not completely end the pregnancy and may require the procedure to be repeated; failure to detect a pregnancy outside of the uterus; excessive bleeding due to

failure of the uterus to contract, which may require a blood transfusion; up to, and including death. In the second trimester, risks increase with every week of gestation.

6. _____ RISKS with terminating a pregnancy **vs.** carrying a pregnancy to term- Health risks are low with either decision. There is approximately **1** death for every **200,000** women who have a legal abortion. These rare deaths are usually of adverse reactions to anesthesia, heart attacks, or uncontrollable bleeding. The death rate for a woman carrying a pregnancy to term is about **20-30 times higher**. There is **NO** credible scientific evidence that abortion causes breast cancer or preterm birth in subsequent pregnancies.

7. _____ Your **BLOOD-TYPE** will be determined the day of your appointment. Approximately 15% of the population is Rh negative. All Rh-negative women will receive an injection of Rh Immune Globulin (**RhoGAM®**) to prevent problems with future pregnancies such as miscarriage, severe fetal anemia or permanent fetal damage. The cost of the Rh Immune Globulin is **\$100 - \$150**, depending on the duration of the pregnancy.

8. _____ **ACCORDING to KANSAS LAW, effective July 1, 1998; amended July 1, 2009; amended July 1, 2011, July 1, 2013:**

- A) **INFORMATIONAL MATERIALS** are available in printed form and online at womansrighttoknow.org and kansaswomansrighttoknow.org, describing the fetus and listing agencies which offer alternatives to abortion with a special section listing adoption services, national perinatal assistance, and a list providers of free ultrasound service and free perinatal assistance.
- B) **ALTERNATIVES to ABORTION include:** parenting, foster care and adoption. Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care. More detailed information on the availability of such assistance is contained in the printed informational materials you received from Center for Women's Health, **or** online at: womansrighttoknow.org and kansaswomansrighttoknow.org. For information on Kansas perinatal resources go to www.kdheks.gov/c-f/maternal.html. For national perinatal resources go to www.nationperinatal.org and www.brightfutures.org.
- C) "...the father of the fetus is liable to assist in the support of the child even in instances where he has offered to pay for the abortion..."
- D) "...the abortion will terminate the life of a whole, separate, unique, living human being..."
- E) "...the woman is free to withhold or withdraw her consent to the abortion at any time prior to the invasion of the uterus without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled..."
- F) "...No person shall perform or induce an abortion when the fetus is viable (**>22 weeks**) unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine that: 1) the abortion is necessary to preserve the life of the pregnant woman; or 2) a continuation of pregnancy will cause substantial and irreversible physical impairment of a major bodily function of the pregnant woman..." And, "...No person shall perform or induce a partial birth abortion on a viable fetus (**>22 weeks**) unless such person is a physician and has documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine that: 1) the abortion is necessary to preserve the life of the pregnant woman; 2) a continuation of pregnancy will cause substantial and irreversible impairment of a major physical or mental function of the pregnant woman..." If the child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child..."
- G) **The State of Kansas requires us to make the following statements, which we believe to be medically inappropriate, misleading, and ideologically- motivated. We are currently challenging the validity of this requirement in court:**
"By no later than 20 weeks from fertilization, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks from fertilization unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted to be a response to pain. Anesthesia is routinely administered to unborn children who are 20 weeks from fertilization or older who undergo prenatal surgery."

9. _____ I received this information at least twenty-four (24) hours prior to my procedure.

PLEASE COMPLETE the FOLLOWING:

I RECEIVED THIS INFORMATION ON:

Patient's Signature

TODAY's Date

INFORMED CONSENT for ABORTION PROCEDURE

IN accordance with **KANSAS LAW (SB 204)**, the following information is being provided to you in **written** form at least twenty-four (24) hours **prior** to an elective abortion procedure to be performed by: Herbert C. Hodes, MD or Traci L. Nauser, MD of Overland Park, Kansas.

THE abortion procedure will be that of a Dilatation and Suction Curettage ("**D & C**") or a Dilation and Evacuation ("**D & E**"). The doctor will perform the abortion procedure by numbing the cervix with injections of **lidocaine**, a local anesthetic. After waiting several minutes for the medication to take effect, the doctor will dilate the cervical opening to the uterus using sterile rods. Tubing attached to a suction machine will then be used to remove the pregnancy tissue from the uterine cavity. Special **forceps** will be used in the "D & E" procedure to remove fetal tissue. A metal instrument called a **curette** may also be used to gently scrape the uterine walls. The actual procedure takes from 30 seconds, to three to five minutes, depending on the number of weeks of the pregnancy.

The HEALTH RISKS of an abortion are much less than those of other surgical procedures, and far less than those associated with a full-term pregnancy and delivery. **SOME** of the **possible** complications include:

Retained Clots or Tissue; necessitating a repeat "D & C"	less than 1 per 100 patients
Hemorrhage (excessive bleeding), or Infection	less than 1 per 350 patients
Allergic Reaction to Medication	less than 1 per 500 patients
Laceration of the Cervix requiring sutures	less than 1 per 500 patients
Missing an Ectopic ("Tubal") Pregnancy	less than 1 per 600 patients
"Missing" an early Pregnancy	less than 1 per 1000 patients
Uterine Perforation, Organ Damage, Hospitalization, Major Surgery, Blood Transfusion, Emergency Hysterectomy, future Sterility	less than 1 per 10,000 patients
DEATH	less than 1 per 200,000 patients

FOR full-term pregnancies, the death rate following a vaginal delivery is around 15 per 100,000; and 30 per 100,000 for Cesarean Section deliveries (the rate of Cesarean Section is about 1 out of 4 deliveries).

There is no credible scientific evidence that abortion causes breast cancer or preterm birth in subsequent pregnancies.

TODAY, you have Four (4) CHOICES:

1. **WAITING** and thinking more about your decision.
2. **CONTINUING** the pregnancy, and planning for an **ADOPTION**.
3. **CONTINUING** the pregnancy, and **BECOMING A PARENT**.
4. **ENDING** the pregnancy, by having an **ABORTION**.

ALSO provided to you and listed below, are some **COMMUNITY RESOURCES** available to support your decision to carry the pregnancy to full term. The Kansas Department of Health & Environment may be able to provide further assistance.

BASED on the information **you** provided to us today, you are approximately _____ weeks pregnant. (Plus or minus 1 week)

If you carry the pregnancy to **full-term**, you would **DELIVER** on approximately: ____ / ____ / _____. (Plus or minus 1 week)

____ I am not seeking to have an abortion solely on account of the sex of the fetus.

I **CERTIFY** that I received this information **IN WRITING** at least **24 HOURS PRIOR** to the performance of an abortion procedure upon me by Dr. Herbert C. Hodes, M.D. or Dr. Traci L. Nauser, M.D. or the staff of Center for Women's Health.

SIGNED: _____ **TIME RECEIVED:** _____ **A.M. / P.M. DATE RECEIVED** ____/____/____

ALL PAPAERWORK MUST BE COMPLETELY FILLED OUT BEFORE YOUR APPOINTMENT & BRING ALL OF IT BACK WITH YOU DO NOT MAIL IT BACK TO US. Due to the time you will be in our office, only ONE support person per patient DO NOT BRING CHILDREN

YOU MUST BRING A PHOTO I.D. SHOWING YOUR DATE OF BIRTH

ALL fees must be paid in CASH before the procedure NO Checks or Money Orders VISA or MasterCard may be used
▶▶ CARDHOLDER must be present to sign ◀◀

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR APPOINTMENT !

If you plan using **Medical Insurance**, **ALL** your insurance information must be in our office at least **2 WORKING DAYS** in advance

COMMUNITY RESOURCES AVAILABLE TO ASSIST YOU, IF YOU DECIDE TO CONTINUE THE PREGNANCY

KANSAS: Christian Family Services (913) 491-6751

K. U. Medical Center 588-6290

Right to Life of Eastern KS 299-9047

Johnson Co. Health Dept. (Mission) 791-5660

Johnson Co. Health Dept. (Olathe) 782-9400 "

Wyandotte Co. Health Dept. 321-4803

Douglas County Health Dept. (785) 843-0721

Franklin County Health Dept. (785) 242-1873

MISSOURI: Birthright (816) 444-7090

Truman Medical Center (West) 556-3516

Truman Medical Center (East) 478-1180

MO Right to Life 353-4113

L.I.G.H.T." House 361-2233

Jackson Co. Health Dept. 881-4424

Clay Co. Health Dept. 781-1600

Platte Co. Health Dept. 329-5759

Center for Women's Health

Herbert C. Hodes, MD Traci L. Nauser, MD Colleen O'Donnell, RN-C

4840 College Boulevard

Overland Park, KS 66211-1601

(913) 491-6878 or (800) 733-2404 (KS & MO)

www.hodesnauser.com

CENTER FOR WOMEN'S HEALTH

NOTICE OF PRIVACY PRACTICES---HIPAA

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of Center for Women's Health's Notice of Privacy Practices.

Signature of Patient

Date

Witness

Date

I, _____, hereby authorize Center for Women's Health to release medical information to the following person(s):

Name

Date

Name

Date

***This form is valid for one year from the date signed. Medical Release information can be revoked at any time per patient request.**

Insurance Release Form

Center for Women's Health
4840 College Boulevard
Overland Park, KS 66211-1601
PH (913) 491-6878 FAX (913) 491-6808
www.hodesnauser.com

Herbert C. Hodes, M.D.
Traci L. Nauser, M.D.
Colleen O'Donnell, APRN

Name: _____ SS # ____ - ____ - ____ DOB: ____ / ____ / ____
Last First M.I.

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Insurance Company: _____ ID# _____ Group# _____

Subscriber Name: _____ Social Security #: ____ - ____ - ____ DOB: ____ / ____ / ____

Relationship to you: _____ Subscriber Employer: _____

Subscriber Address: _____ City, State & Zip: _____

Subscriber Phone #: (____) _____

Please check my Insurance Coverage for one or more of the following:

General: ____ Maternity: ____ Surgery: ____ Contraception: ____ Tubal: ____ IUD: ____ Other: ____

Last Menstrual Period: ____ / ____ / ____ Appt Date: ____ / ____ / ____ Blood Type (if known): _____

Signature: _____ Date: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____
(Parent or Guardian—if a Minor)

This form must be completed IN FULL in order to verify benefits for you. Verification of benefits is NOT A GUARANTEE OF PAYMENT. Please FAX this completed form along with an enlarged photocopy of the front AND back of your Insurance Card to (913) 491-6808. Information must be received a minimum of 48 hours prior to appointment time. Due to HIPAA Privacy laws, incomplete forms will NOT be processed. Please make sure ALL information is complete.

CENTER FOR WOMEN'S HEALTH FINANCIAL POLICY

Payment may be with: Cash, Check, VISA or MasterCard.

Payment **in full** is expected at the time of service. All applicable co-pays, deductibles and co-insurance will be collected at the time of service. We will accept payment for your treatment directly from your insurance company for the amount they state they will cover.

Fees not covered by insurance are your responsibility.

If you are using your medical insurance, you must present your card **prior** to being seen.

You may **not** pay with cash or credit card, and then expect us to file to your medical insurance at a later time.

YOUR OFFICE CO-PAY MUST BE PAID IN FULL BEFORE YOU ARE SEEN.

A parent who brings a minor child to our office for medical care is legally responsible for payment of all of her charges.

An administration fee of **\$10 per form** is charged for all forms: Disability, Maternity, FMLA, etc. This fee is due at time of request. Forms will **not** be completed without payment.

Even though you may have medical insurance coverage, **you** are ultimately responsible for payment of your account. Insurance arrangements are between you (the insured) and your insurance company.

This office makes **no** guarantee of benefits. Any quote of benefits provided by your insurance company is considered a general overview, and only a **guideline** until payment is finally received. All benefits are subject to review when the insurance company receives the actual claim form.

A **\$30** fee is charged for **returned checks**.

AUTHORIZATION FOR TREATMENT AND SERVICE, RELEASE OF INFORMATION, ASSIGNMENT OF BENEFITS, AND CHARGE TO MY CREDIT OR DEBIT CARD

I hereby authorize medical treatment for myself (or, my dependent) as deemed necessary by H. Hodes, MD, T. Nausser, MD or C.O'Donnell, APRN.

I authorize Hodes & Nausser, MD's, PA and its designated employees, to furnish information to my insurance company and other medical professionals regarding treatment or services provided to me (or, my dependent), and regarding my medical condition or that of my dependent.

I hereby assign to: Hodes & Nausser, MD's, PA any and all payments made for medical treatment or services provided to me or, my dependent.

I understand and agree that I am ultimately responsible for payment of ALL charges rendered by H. Hodes, MD, T. Nausser, MD or C.O'Donnell, APRN for such medical treatment or services whether or not such charges are covered and paid (either fully or partially) by my insurance company.

OFFICE CREDIT/DEBIT CARD POLICY

I understand it is the policy of Hodes & Nausser, MD's, PA to secure an imprint of my credit or debit card at the time of my visit.

If, after a claim has been submitted to my insurance carrier:

- (1) the claim is denied as a non-covered service; **OR**,
- (2) the charges are not paid (**or** only partially paid) by my insurance carrier;

Hodes & Nausser, MD's, PA has my permission to charge my credit card or debit card for the **entire amount** owed for treatment and/or services provided to me or my dependent.

I understand that in the event my credit card or debit card has been charged for medical treatment or services, and then my insurance carrier subsequently makes payment to Hodes & Nausser, MD's, PA for those charges, the office will issue a **credit** to my credit or debit card in the amount received from my insurance carrier.

CARD: CREDIT / DEBIT
(CIRCLE ONE)

VISA MasterCard
(CIRCLE ONE)

Card Number: _____
Expiration Date: _____
Name of Card Holder: _____
Signature of Card Holder: _____
Name of Patient: _____
Address: _____
Telephone No: _____

I hereby authorize Hodes & Nausser, MD's, PA (a Kansas corporation) and its designated employees to charge my credit or debit card the full amount of all charges made for medical treatment and services provided by Hodes & Nausser, MD's, PA and the amount charged to my credit or debit card will be reflected on my credit or debit card statement. The charge will be based on the medical treatment rendered to me (or, my dependent) and the usual and customary charges made by Hodes & Nausser, MD's, PA for such treatment and service.

If payment is denied by my credit or debit card company, I will pay the entire amount within 30 (thirty) days.

I hereby guarantee payment of all charges for medical treatment and services provided to me (or my dependent) by H. Hodes, MD, T. Nausser, MD or C.O'Donnell, APRN, and agree that if the office places my account with an agency or attorney for collection, Hodes & Nausser, MD's, PA shall be paid by me for **all** of its costs and expenses in collecting monies owed to them to the extent allowed by applicable law. Those expenses include, but shall **not** be limited to, attorney's fees, court costs and other expenses incurred with collection of my account by an agency or attorney.

This authorization shall remain effective unless expressly revoked by me **in writing**, delivered to the offices of Hodes & Nausser, MD's, PA at: 4840 College Boulevard, Overland Park, KS, 66211-1601.

SIGNATURE of Patient/ Responsible Party

PRINTED Name

Date

RIDER

The following information is provided pursuant to Kansas House Bill 2253 (2013-14 Session):

_____ The State of Kansas requires us to inform you of the risks of breast cancer and preterm birth related to abortion. We believe this requirement is medically inappropriate, misleading, and ideologically-motivated, and we are currently challenging its validity in court. Although a lot of junk science has been published by opponents of safe and legal abortion, there is no credible scientific evidence that abortion causes breast cancer or preterm birth in subsequent pregnancies.

_____ The State of Kansas requires us to make the following statements, which we believe to be medically inappropriate, misleading, and ideologically-motivated. We are currently challenging the validity of this requirement in court: “By no later than 20 weeks from fertilization, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks from fertilization unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted to be a response to pain. Anesthesia is routinely administered to unborn children who are 20 weeks from fertilization or older who undergo prenatal surgery.”

_____ The State of Kansas requires us to pass along to you a listing of websites for national perinatal assistance, including information regarding which entities provide such services free of charge, but has not yet furnished us with this information. If you would like to receive this information, please contact the Kansas Department of Health and Environment.

Signature

Date