

Louis H. Medved, M.D.

Anthony J. Inzana, P.A.

Neurology Electromyography and Infusion Suite

AUTHORIZATION/CONSENT TO OUTPATIENT SERVICES

PATIENT NAME: _____ DOB: _____

AUTHORIZATION FOR MEDICAL TREATMENT: I authorize Louis H. Medved, MD in charge of the care of this patient to administer any treatment as may be necessary or advisable in the diagnosis and treatment of this patient. This authorization includes, but is not limited to, routine diagnostic procedures, rehabilitation therapy, laboratory tests, and x-rays. I acknowledge that no guarantees have been made to me as to results of my treatments, tests, or procedures. I also authorize copies of the medical records to be released to other physicians and health care facilities as deemed necessary by any physician or therapist whose care the patient is under.

PATIENT RIGHTS: I, the undersigned, have received a copy of the "A Patient's Guide to Practice Name and Notice of Privacy Practices", informing me of my rights and responsibilities as a patient. Copies of the Notice of Privacy, along with our Financial Policy and Procedures are readily available at the front window!

ASSIGNMENT OF BENEFITS: I/we assign all benefits to Louis H. Medved, MD and authorize direct payment to facility(s), address, all insurance benefits or Medicare/Medicaid benefits to which I/we may be entitled. This assignment specifically includes, but is not limited to, major medical and disability insurance proceeds and benefits. It also specifically includes proceeds and benefits accruing under any settlement, structured or otherwise, or awarded in judgment for personal injuries caused by a third party. I/we agree to pay for any and all charges not paid pursuant to this assignment. A photocopy of this assignment shall be as valid as the original.

STATEMENT OF RESPONSIBILITY: I understand that I am financially responsible to Louis H. Medved, MD as the patient, parent, guardian, and conservator or insured for all charges not covered by the above assignment, which charges may include any medical insurance deductibles and co-insurance. I understand that to sign as a Guarantor means that if the patient does not pay Louis H. Medved, MD for all charges due, I, as Guarantor, will be responsible for such payment.

NONCOVERED SERVICES: Insurances including Medicare/Medicaid has certain outpatient procedures that are excluded from coverage, including but not limited to those of routine diagnostic workups and/or procedures. If the patient's medical chart indicates that the patient's treatment is one for which no Insurance benefits are allowable, I understand that all charges incurred during treatment will be the patient's own financial responsibility. There are other limitations and charges for which the patient may be responsible.

AUTHORIZATION TO RELEASE INFORMATION TO INSURANCE COMPANY/THIRD PARTY PAYOR: I authorize Louis H. Medved, MD and any physician, therapist, practitioner, pharmacist, or other person, any hospital including Veteran's Administration or governmental hospital, any medical service organization, any insurance company, or any other institution or organization to release any medical information about the patient necessary to determine any benefits which may be payable for this treatment.

AUTHORIZATION FOR QUALITY REVIEW: I acknowledge that it may be appropriate for Louis H. Medved, MD to review the overall care provided to patients prior to and following the patient's treatment. I understand that this review is for the sole purpose of maintaining and improving the overall quality of health care provided to Louis H Medved's patients. Therefore, I authorize the physicians and any other health care professionals who cared for the patient at Louis H. Medved, MD to provide the office with copies of records regarding my care that pertain to the treating diagnosis as needed for quality review purposes. This consent is valid for the care provided to me until I state otherwise.

Internet System for Tracking Over-Prescribing Act (I-STOP) Law

Effective August 27, 2013 "I-STOP" law requires real-time tracking of prescribing and dispensing Schedule II, III, IV and V controlled substances. Renewals are contingent on keeping scheduled appointments. Renewal request should be done through your pharmacy and are not done after hours, weekends and or Holidays. Office requires 5-7 business days for processing***FEDERAL LAW PROHIBITS REPLACEMENT OF MEDICATIONS FOR ANY REASON AND EARLY RENEWALS.

PERSONAL VALUABLES: The office of Louis H. Medved, MD shall not be liable for the loss of or damage to any personal property.

Patient's Signature/Responsible Party: _____ Date: _____