

CONSENT TO TREAT

I consent to any medical treatment rendered as a patient under the general or special instructions of The Peak Physical Medicine Physician and PA, including but not limited to, trigger point injections, EMG's, spinal injections, rhizotomies, aspirations, BOTOX injections, ultrasound injections and any other treatment you may be informed of and agree to.

Signature of Patient Date _____

If Minor Parent/Guardian Signature Date _____

ASSIGNMENT OF INSURANCE BENEFITS and POLICIES

I authorize direct payment of medical benefits to The Peak Physical Medicine (TPPM) for services rendered. I understand that TPPM will file a claim with my insurance company on my behalf, but that I will be held responsible for payments of my account regardless of my insurance coverage or my insurance authorization (unless my condition is covered through a valid worker's compensation claim). *I understand that TPPM uses PYXANT LABS for urine drug testing and they may not be in my insurance network.* I also authorize the release of any medical information regarding my physical condition, in the possession of The Peak Physical Medicine or any other medical provider, which may be requested in order to process claims for TPPM and/or for my care. If my secondary insurance does not pay in 90 days, I agree that I will be responsible for the bill and deal with my secondary insurance directly.

To be fair to all patients it is our policy that if a patient fails to show up **TWO TIMES** the patient could be discharged from the practice.

There is a \$40.00 charge for no showed appointments and appointments cancelled without a 24-hour notice. Due to a full schedule at this practice, there will not be any exceptions.

The Peak Physical Medicine does not finance deductibles, coinsurance, or copayments. Payment is due (in full) upon notification.

To improve patient standard of care we use the Prescription Drug Monitoring Program. This is a program put in place by the State of Colorado to help ensure safe prescribing practices with medication.

I understand that if I receive controlled substance medication from The Peak Physical Medicine I will neither seek nor accept prescriptions for this type of medication from other prescribers. I understand if I receive medication from this office I will follow up every two months. I understand that I have to pick up my own prescriptions. TPPM does not mail prescriptions.

I understand that I may be subject to random urine drug screens.

I understand that if I choose sedation with an injection and it is not a covered benefit with my insurance, I will be responsible for a \$50.00 charge.

I have read and agree to the above policies:

Signature of Patient Date _____