



Place Label Here

CONSENT FOR MEDICAL TREATMENT: I hereby authorize the personnel of Advanced Medical Management, (AMM) Multi-Specialty HealthCare, (MSHC) Harford County Ambulatory Surgery Center (HCASC), Baltimore Work Rehab (BWR , MDCC HealthCare, MED LLC, Rx, and MRImages (hereafter referred to as AMM and Affiliates) and members of its medical staff (our medical staff consists of medical doctors, chiropractors and physician assistants) to render to the patient whose name appears on this form care as any of these individuals deem necessary and appropriate.

PHYSICIAN ASSISTANTS/SUPERVISING PHYSICIANS: I understand that when treatment is rendered to me by a physician assistant, the physician assistant’s supervising physician will be involved in my care, including the prescribing and dispensing of medications.

AUTHORIZATION TO RELEASE/ACCESS INFORMATION: I hereby authorize AMM and Affiliates to release, via hard copy or electronically, my diagnosis and other medical information to the third parties identified to determine benefits payable; also to release copies of any other medical reports we procure from other sources, regarding my current injury as well as any prior medical records, as requested. Upon release to the third party listed below, AMM and Affiliates is not responsible for the use or release of this information pursuant to this authorization. I understand that the providers of AMM and Affiliates may access my medication history by using Health Information Exchange (HIE) & the Prescription Drug Monitoring Program (PDMP). With the exception of the controlled substance clinical data reported to the PDMP, this authorization may be revoked by you at any time by submitting a request in writing to your treating office.

STATEMENT OF FINANCIAL POLICY: The providers and staff of AMM and Affiliates are very concerned about the cost of your healthcare. Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of care rendered and the skill and expertise for your care. Our fees are comparable with the fees for similar specialties within the Baltimore/Washington metropolitan area. We use many sources to determine the appropriateness of our fees. AMM and Affiliates will submit your claim to your insurance company on your behalf; however you are ultimately responsible for the service you receive.

ASSIGNMENT OF BENEFITS /GUARANTEE OF PAYMENT: I hereby authorize direct payment to AMM and Affiliates of any insurance, personal injury, or other benefits otherwise payable to me for any services rendered. I hereby further give a lien on my case to AMM and Affiliates against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney or myself as a result of the injuries I have been treated or injuries in connection there within. I authorize and direct my attorney, to withhold any sums from any settlement, judgment or verdict as may be necessary to adequately protect AMM and Affiliates and to pay directly to AMM and Affiliates for services rendered to me. I acknowledge that, if AMM and Affiliates allow me to delay payment in anticipation of third-party reimbursement, including any funds procured from a settlement, such forbearance is a courtesy only, and such courtesy may be withdrawn at any time upon notice to me. If AMM and Affiliates do not offer me a delayed payment courtesy, then I understand that payment by me for services rendered are payable in full at the time of service. If a delayed payment courtesy is offered to me, but subsequently withdrawn, then I understand that payment by me for all services rendered will become due upon demand by AMM or Affiliates I grant AMM and Affiliates a power of attorney to collect these sums on my behalf. I agree never to rescind this document and that a recession will not be honored by my attorney. I hereby instruct that in the event that another attorney is substituted in the matter, the new attorney will honor the lien as inherent to the settlement, judgment, or verdict and enforceable upon the case as if it were executed by him. I agree to notify AMM and Affiliates in writing if I change or substitute my attorney. I understand that I am financially responsible for all medication once I leave the office, even if I decide I do not want the medication, MED LLC, Rx will not issue a refund for unused or unwanted medications. I further acknowledge my responsibility for any health insurance deductible, coinsurance, or other sum not paid by an insurance carrier or any other third-party for any reason, payable upon demand by AMM or Affiliates. I understand that AMM and Affiliates may discontinue my treatment if timely payment of any sum owed by me is not made when requested. I acknowledge that a late fee of one-half percent (.5%) per month may be charged to unpaid balances remaining after thirty (30) days from the date payment is due. In the event that the account is referred to collections, I agree to pay all reasonable collection and attorney fees required to collect any delinquent balance.

PRESCRIPTION SERVICES: As the patient, you have the choice between obtaining your medications here, at our office or at a pharmacy of your choice. Please inform your provider of your preference when medications are discussed during your visit.

BENEFICIAL INTEREST NOTICE: During the course of your treatment at Multi-Specialty HealthCare you may need diagnostic tests to give your treating provider important information about your illness/injury. Subsequently, additional treatment or surgery may be required. We have facilities to provide some of these additional services. You may choose to have the services performed at our centers or anywhere you like. Please be advised that Dr. Constantine Misoul and Dr. Lawrence Rubin have a beneficial interest or compensation arrangements with MRImages, MED LLC, Harford County Ambulatory Surgery Center and Baltimore Work Rehab.

