

Medicine @ Downtown Ltd.

Information and Compliance Sheet

_____ I have received, read, understood, and I agree to the Privacy Policy as outlined in the Privacy Notification information.

_____ I give my consent for treatment for any and all conditions for which I present to Dr. Unverzagt including any additional issues that may arise during the course of a visit or conversation with Dr. Unverzagt. I have the right to refuse any treatment offered to me.

_____ I allow Dr. Unverzagt to accept assignment of my insurance payments. This means that I give my permission for Dr. Unverzagt to bill my medical insurance company and for him to receive payments from the insurance company on my behalf. You are responsible for all charges irrespective of insurance status.

_____ I understand the after hours policy and agree to contact Dr. Unverzagt via the telephone numbers he has provided to me only for urgent matters (and not for refills, appointments, etc.). I will call 911 for a medical emergency. I will not use email for my concerns that are urgent or that are medical emergencies.

_____ I understand and agree that if I cancel my appointment less than one business day prior to my appointment, or if I do not show up for an appointment I have made, that I may be billed \$50.

_____ I understand that if I am more than 15 minutes late for my appointment that my appointment may be rescheduled.

_____ I agree to keep a credit card number on file for any and all incidental charges (e.g., co-pays, deductibles, etc.) Dr. Unverzagt will charge this account only when necessary.

_____ In addition, I am aware of the practice fee option and understand that in the future, Dr. Unverzagt may close his practice to all non-practice fee patients.

Name: _____

Signed: _____ Date: _____

Credit Card Type: _____ Exp. Date: _____

Credit Card Number: _____