

Patient Name:

PHYSICIAN OWNERSHIP, LAB NOTICE AND FINANCIAL DISCLOSURES

DOB: _____

PATIENT DISCLOSURE:	
To All New Patients:	
During the course of your medical treatment with Northwest A (hereinafter NWAP), Physicians of NWAP may refer you to a h diagnostic facility, laboratory and/or implant a medical device interest in the company that owns the aforementioned.	nospital, ambulatory surgery center,
As a patient of NWAP you have a right to be treated by physicians you elect to be treated at facilities other than those to which you haffect the quality of your healthcare. However, your treating physical the facilities of your choosing and thus require you to obtain a new	ave been referred, this will in no way ician may or may not be credentialed
As a patient of NWAP you have the right to request and you agree to you to different physician, hospital, ambulatory surgery center unhappy with the initial referral.	
You will receive a bill for all services performed by our physical laboratory. Our bills are consistent with usual and customary chars services are provided and vary based on varying elements suctesting required, complexity of decision making and associated insurance contract is an arrangement between you and your insubetween you and the insurance carrier, we will assist you in those resolution is your responsibility. Our office complies with contraprocedures of your carrier, when applicable.	ges in the geographic area where the ch as diagnosis addressed, type of work associated to the visit. Your trance carrier. When disputes occur e disputes, but ultimately the dispute
Patients are responsible for full payment of charges incurred during payment based on the patient's insurance coverage and bene amounts quoted to patient are estimates and responsible has processed and paid the patient's claim.	fits. All financial responsibility
If you assign the benefits from any insurance or third party to Pain Service, PA for medical services provided to you. NWA assignment of such benefits. If these benefits are not assigned forward to NWAP, upon receipt, any insurance or third-party paym you.	P has the right to decline or accept to NWAP, you, the patient, agrees to
Patient Signature Signature I	Date