



**INDY INTEGRATIVE MEDICINE L.L.C. DBA INTEGRATIVE MEDICINE, LASER
AND AESTHETICS L.L.C.**

**DESCRIPTION OF SERVICES,
CONSENT TO TREATMENT AND INFORMED CONSENT**

This Consent to Treatment and Informed Consent (“Consent”) document is provided to Indy Integrative Medicine L.L.C. DBA Integrative Medicine, Laser and Aesthetics L.L.C. (“IMLA”), Dr. Charnjit S. Pabla (Dr. Pabla) by you as the undersigned in connection with certain health care services related to Functional Medicine to be provided to you by IMLA, Dr. Pabla. You acknowledge and agree that you will be seen for specific medical issues only. IMLA, Dr. Pabla works as a functional medicine consultant in conjunction with your current health care team and is not considered a replacement for your primary care physician. We require all new patients to have a primary care physician to cover emergencies, routine care & screening.

You have the right, as a patient, to be informed about your condition and the recommended procedures that are used to treat your condition. This involves educating you whether the treatments and/or procedures recommended for this condition contain any risks or hazards. This education also involves informing you of the benefits that are involved in a treatment or procedure.

You authorize IMLA, Dr. Pabla to administer, order, or supervise any procedures and/or treatments as deemed necessary. You understand that IMLA, Dr. Pabla employs non-physician professionals who may perform procedures and/or treatments under his direction and/or supervision. You understand that you have the right to choose your treatment plan, and that you may refuse any or all treatment suggestions or procedures at any time. You understand that recommendations for treatment may change over time, and that recommendations may also change as your individual medical condition changes.

You acknowledge that you have been given no guarantees or warranties, expressed or implied, regarding the outcome of these procedures and/or treatments. You acknowledge that Dr. Pabla cannot serve as your primary care physician and you have not been asked to discontinue care provided by any specialist physicians or your primary care physician and Dr. Pabla has recommended that you retain a primary care physician if you do not currently have one.

You acknowledge that Dr. Pabla has explained to you the general nature of your condition, the proposed treatment, procedure, examination or test for such condition and the expected outcome, material risks and reasonable alternatives to the proposed treatment, procedure, examination or test.

You acknowledge that you understand the nature of these services, including the risks of adverse effects and choices you may have about other approaches and that you have had the chance to ask questions and that all of your questions have been answered.

You acknowledge that IMLA, Dr. Pabla does not participate in Medicare or any insurance

plans. IMLA, Dr. Pabla has a financial policy and a cancellation policy that can be accessed on the world wide web through the practice's webpage. The following list is a summary of those policies. You acknowledge that you have been made aware that the full version of these policies are available to you through the practice webpage and you agree to review these policies in their entirety. You agree that you have had the opportunity to ask any questions about those policies and you acknowledge and agree to be held to the terms of the financial and cancellation policies.

1. Payment is due at the time of service.
2. IMLA, Dr. Pabla or his staff will not submit insurance or disability claims on behalf of any patients.
3. A credit card on file is required for all patients.
4. Cancellations <24 hours (<48 hours for new Functional Medicine patients) and no-shows will incur a \$100 charge.
5. If an appointment is to be re-scheduled for a new patient with <24 hour notice, a \$100 charge must be collected prior to rescheduling. For established patients, re-scheduling for the second time will incur a \$100 charge. This amount will be applied toward the visit (or same service) if appointment fulfilled within 30 days.

You acknowledge that you have been made aware that the full version of these policies are available to you through the practice webpage and you agree to review these policies in their entirety. You agree that you have had the opportunity to ask any questions about those policies and you acknowledge and agree to be held to the terms of the financial and cancellation policies.

You have fully read and understand all information contained within this Consent. You understand this Consent to cover the entire course of your treatment of your present condition. You understand that you are free to withdraw your consent and refuse treatment of any procedures and/or treatments at any time and that you are at liberty to seek care elsewhere.

By signing below, you give your permission and voluntarily consent to the rendering of care and performance of any procedures and/or treatments beginning on the date of your signature below and terminating when determined by yourself, your legal representative, and/or Dr. Pabla.