PREMIER PAIN CONSULTANTS

Eligibility Guarantee Form

I, _____, hereby certify that I am eligible with the following health insurance company _____ under the subscriber _____ through his or her employer _____. I also certify that I have chosen Premier Pain Consultants to be my medical provider. I understand that if the above is not true or I am not eligible under the terms of my Medical and Hospital Subscriber Agreement, I am liable for any and all charges for services rendered. Also, if the above is not true, I agree to pay in full for all services rendered within thirty days of receiving a bill from the above noted medical group/physician.

_____ _____

Print Patient Name Patient D.O.B. or SS #

_____ _____

Signature Date

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have read and received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Patient Name: _____

You may share information about my condition with:

_____

_____ _____

Signature Date

If not signed by the patient, please indicate:

Relationship:

- ☐ Parent or guardian of minor patient
- ☐ Guardian or conservator of an incompetent patient
- ☐ Beneficiary or personal representative of deceased patient

General Agreement

I request care from Premier Pain Consultants for treatment of my medical condition. This care may include medical tests, exams, procedures, medications, or other treatments that are needed for my condition. I agree to this care. I further consent to any students, drug or industry representatives who are working with or assisting Premier Pain Consultants to provide care for me. In addition, I give permission to Premier Pain Consultants to leave medical information telephone messages/voicemails with regards to my care to the spouse, immediate family members or emergency contacts listed.

_____ _____

Signature Date