NW HEADACHE AND WELLNESS CENTER

11782 SW Barnes Road, Suite 130, Portland, OR 97225

Phone 503-601-0300 / Fax 503-597-6005

CONSENT, RELEASE, AND FINANCIAL AGREEMENT

Medical Consent: The undersigned consent to and authorize any medical treatment, examination or services that may be considered advisable or necessary for the patient in the judgement of Dr. Dale Carter.

Release of Medical Records: NW Headache and Wellness Center may disclose all or any part of the patient's record to any person or corporation which is or may be liable under a contract to NW Headache and Wellness Center or to the patient or to a family member or employer of the patients for all or part of NW Headache and Wellness Center's charges, including but not limited to medical services companies, insurance companies, or workmen's compensation carriers. The undersigned gives consent to release information for the specific purpose of treatment, payment or healthcare operations. All such information would be available after a written request and the approval of NW headache and Wellness Center.

Release of Medical Records: The undersigned authorizes the release of information in the medical record to his/her private physician and to any physician, hospital or agency to which the patient is referred by NW Headache and Wellness Center. The undersigned also authorizes any private physician and any physician, hospital, or agency to which the patient is referred to release NW Headache and Wellness Center information regarding treatment by or at said physician, hospital, or agency.

Insurance: NW Headache and Wellness Center will bill your private health insurance company when supplied with current and accurate insurance coverage information. This office will accept your insurance companies' maximum allowable reimbursement. The patient will be responsible for any deductible, co-insurance, and co-payment amount. If your insurance claim is denied for any reason, you are responsible for payment. The patient is 100% responsible for payment of any non-covered service at the time of service. We will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to deductibles, co-payments, non-covered charges, and "usual and customary" charges. We reserve the right to not bill your secondary insurance, and we cannot bill third party insurance. NW Headache and Wellness Center does not participate in Medicare, Medicaid, or OHP. You are responsible for the timely payment of your account.

Co-pays, Co-insurance, and Deductibles: All insurance co-payments, co-insurance estimates, and deductibles are due at the time of service, prior to seeing your provider at NW Headache and Wellness Center. Please come to your office visit prepared to pay co-pays, co-insurance, deductibles, and any past due balances.

Self-Pay: If you are a self-pay or uninsured patient, then full payment of services is due at the time of service. Cash payment discount may apply to services rendered by NW Headache and Wellness center. While we will try to accurately estimate the cost of services in advance, the patient agrees in advance to pay for all services and fees NW Headache and Wellness Center feels is necessary for the patient's care.

Motor Vehicle Accident and Work Comp or Third Party Claims: Payment in full is required for services rendered at the time of your initial visit. If return appointments are necessary, the Practice Manager will discuss billing arrangement and/or a monthly plan prior to scheduling. We offer a 20% discount for cash payment. If the medical problem for which you are seeing Dr. Carter involves an attorney, monthly payments by the patient are required. We do not wait for payment until the time of settlement is reached.

Late Cancellations and "No-Shows": Patients who reserve an appointment at NW Headache and Wellness Center and fail to cancel within 24 hours will assess a $100 charge. Patients who do not show for a scheduled appointment will be charged a $100 Missed Appointment Fee. NW Headache and Wellness Center may choose to discontinue care for patients who are chronic late cancel or no-show appointment holders. New patients who do not show for their appointment will not be fined and will not be re-scheduled.

The balance is due 30 days from the first date of billing. If the patient is unable to pay in full, a payment plan may be established. The undersigned understands if this account is assigned to an attorney or collection agency, they will be obligated to pay reasonable associated costs. The undersigned certify that they have read and understand the foregoing and re the patient, or duly authorized by the patient as patient's general agent to execute the above and accept its terms.

_____ I do not wish to release the information to my insurer. I understand my insurance company will not be billed and I will be expected to pay for services personally.

Signature: _____ Date:_____

(Printed Name) _____