VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

Welcome to Vendetti Wellness Group. This document contains important information about our professional services and business policies. Please carefully and jot down any questions you might have so that you can discuss them at your initial meeting.

The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important to reach understanding about how the relationship will work, and what each of us can expect. This Service Agreement will provide a clear framework for our together. Feel free to discuss any of this with me.

PROFESSIONAL SERVICES

Psychotherapy: Initial Evaluations and Follow up Appointments

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what treatment may include and a plan to follow. I ask that you evaluate this information along with your own opinions of whether you feel comfortable with me. Therapy involves a large commitment of time, money, and energy, so it is important to be very careful about the therapist you select. Once practice has all the information about your insurance coverage and/or your means to pay for services, we will discuss what we can expect to accomplish. have questions or concerns about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you meet with another behavioral health professional for a second opinion.

Therapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the individualized one brings forward. There are many different methods to consider in the therapy process and we will work together to identify which methods could be effective for you. The therapy process does call for a very active effort on your part.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who use it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Medication: Initial Evaluations and Follow up Appointments

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

The first appointment will be the start of the treatment relationship. In this first appointment, the medication provider will collect some relevant background information and work to understand your needs. The medication provider will also request you to identify a pharmacy of choice in the event a provided. A follow-up schedule will be discussed based on the outcome of the initial evaluation. You will receive communications next business day for your follow-up. If you are provided with a prescription, it is important to know that our standard practice is that refills are given at the time of follow-up appointments.

*If you miss a follow up appointment and will be out of medication, you will be given a 30-day supply of your previously prescribed medication and dosage. Your medication provider is unable to provide a refill option on this 30-day supply. Please reschedule your missed appointment within these 30 days to ensure appropriate care and attention to your needs. 3 missed appointments in a row could result in discharge from practice and medications will not be continued.

*Some controlled medications may be bridged until the next scheduled appointment. Repeat missed appointments may result in taper of controlled medications.

Coverage for specific pharmaceuticals varies significantly from insurance plan to insurance plan. Please be sure to check with your insurance carrier if a prior authorization is required or if you want to be prescribed an insurance preferred drug.

In the event you are prescribed medication during your course of treatment, we ask that you adhere to your provider's guidelines for obtaining and refilling medications, which include the following:

*We ask that Medication refill requests come directly and electronically from your preferred pharmacy. Please allow 12 business days for the refill request to process. Please ensure that your pharmacy has all the necessary information. Please ask your pharmacy to request the refill several days in advance. Early refills for controlled medications are unable to be given for any reason. Your medication provider may require a follow-up visit to assess and discuss your current or new medications and/or for prescription refills. You will need to keep your scheduled appointments in order to stay on your medication regimen without potential interruption and to ensure compliance under your assigned provider's supervision.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

LABS

Our Practice has a relationship with Quest Diagnostics and LabCorp. If you and your medication provider come to the decision that ordering labs would be in the best interest in your care, you should contact your insurance company to understand how coverage works. At times, it will be important to incorporate certain testing to rule out medical conditions that may be contributing to symptom presentation. There are also certain medications that are important to monitor, not only on their own but when they are prescribed in addition to any other medication that one may be taking. If you are on a controlled medication, you may be subject to urine toxicology screening initially and/or throughout treatment.

SERVICES RENDERED BY INTERNS
From time to time the Practice may employ master's level and predoctoral level professionals in psychology and related fields who may provide care to you.

Termination of Provider-Patient Relationship

We reserve the right to terminate the provider-patient relationship if we determine that the continued provision of services is not in the best interest of the provider or yourself. Circumstances that may lead to the termination of services include, but are not limited to, (i) missing multiple appointments, (ii) failing to pay for outstanding balances associated with services provided, (iii) threatening, harassing or otherwise creating a hostile environment for providers, staff or other patients or guests, (iv) failure to adhere to your treatment plan, (v) use of illegal drugs or abuse of prescriptions, (vi) hostile home or office environment where continuing service could do harm.

PATIENT FINANCIAL RESPONSIBILTY AND PAYMENT

- I understand that I am responsible for providing accurate information about my insurance benefits, and I am responsible for knowing whether the VWG Provider is preferred or in-network with my insurance carrier.

- I understand that I am financially responsible for the cost of services provided to me and for any portion of the fees not reimbursed or covered by my health insurance.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

- I understand that payment is due at the time of service. I understand that if I do not pay, my provider may refrain from scheduling future appointments until payment has been received.

- I understand that VWG's policy is to have a valid card on file to pay for services. I understand VWG uses a card storage and payment gateway that is PCI-DSS certified. I authorize the provider to charge any past due charges to this card including patient responsibility and late cancellation fees.

- Provider accepts cash, checks, Visa, MasterCard, Discover, American Express, Care Credit, HSA (Health Savings Account) and FSA (Flexible Spending Accounts).
  There is a $25.00 returned check fee.

- I understand there is a fee if I fail to show up for my appointment or if I have not cancelled within 24 hours prior to the appointment as set forth below.

- I also understand there are potential fees that I may incur such as prescription refill fee, records release fee, among others. A non-exhaustive list of fees can be seen below.

- The provider will file my insurance claim if I provide them with the correct information in a timely manner. It is my responsibility to inform Provider in a timely manner of any changes to my billing and insurance information. If an insurance company denies payment for incomplete or incorrect information, it is my responsibility to make payment in full. If Provider misses the deadline to file a claim because I did not provide the correct information, I will be responsible for payment in full.
  o Delayed notifications to the provider of changes to insurance coverage may result in full patient financial responsibility for visits greater than 90 days from the day of notification to the provider/practice.
  o We provide this assistance as a courtesy and are not responsible for any inaccuracies in the information given to you.

- I understand that VWG's contract with my health insurance company requires information that is relevant to the services I am provided. This information includes diagnosis and sometimes additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, we make every effort to release only the minimum information that is necessary for the purpose requested. This information will become part of the insurance company file.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

- I understand I have the right to privately pay for services to avoid disclosing any information to the insurance carrier.

VWG Cancellation Policy

- Our Practice requires 24-hour notice to cancel or postpone an appointment. Please give close attention to this policy as there is a fee attached to a late cancelled or missed appointment unless the Provider deems the situation as an emergency circumstance beyond one's control was the cause of the late cancellation or missed appointment.

- Our practice considers being late by 15 minutes or more a violation of our cancellation policy.

- Notice of cancellation is accepted by emailing your provider and/or leaving a voicemail for your provider. Responses to appointment reminders are unable to be seen by providers, therefore cannot be acknowledged by the provider.

- When possible, the provider will work to find another time to reschedule the appointment.

- Any outstanding balance must be paid prior to additional services being delivered.
  - Insurance does not pay for those appointments that are missed or cancelled late.

After Hours Contact and Emergency Procedures

Providers make every effort to return your call within 24 hours, apart from weekends, holidays, and vacations. In situations where services are rendered on an emergency basis or after hours, we reserve the right to bill for those services accordingly. Services may include, but are not limited to, any non-face-to-face service including phone calls, prescription refills outside appointments or other substantive care outside of an appointment.

VWG does not function as a crisis facility. If there are any crises in which you or someone else is in danger, you should always call 911, or proceed to
the closest Hospital emergency room. Calling our office first will potentially waste life-saving time.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

CONFIDENTIALITY

In general, the privacy of all communications between a client and professional provider is protected by law, and information about treatment can only be released with the client's written permission. However, there are a few limitations to confidentiality.

In most legal proceedings, a client may assert the Provider-Client privilege to protect information about his or her treatment. However, certain court proceedings or other legal activity may limit a therapist's ability to maintain confidentiality. If you are involved in legal proceedings, please speak with your attorney about the limits of confidentiality.

In the best interest of one's care, it may at times be helpful to consult another professional about the treatment being provided. During a consultation, every effort is made to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential circumstances, it is important that we discuss any questions or concerns that you may have at our next meeting. However, the laws governing confidentiality are quite complex and consulting an attorney is recommended if you have questions beyond what I can answer for you.

MINORS (For parent and minor client to understand)

If you are under eighteen (18) years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is our policy to request an agreement from parents that the medical record will not be requested by them. If they agree, the Provider will share with them only general information about the therapeutic work, unless there is a substantial risk that you will seriously harm yourself or someone else. In this case, the Provider will have to notify them of the concern. If the Provider feels that it would be of great benefit for the parent to know about a concern, this will be addressed within the therapeutic process with the minor client. Before giving a parent any information, the Provider will make every effort to discuss the matter with the minor client.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Vendetti Wellness Group, PC (collectively referred to sometimes as WE) are committed to protecting your health information. This Notice of Privacy Practices describes your rights and our duties under Federal Law to protect your health information.

We are required by law to maintain the privacy of your health information provide you with notice of our legal duties and privacy practices with respect to your health information and to notify you following a breach of unsecured health information related to you. We are required to abide by the terms of this Notice. This Notice is effective as of Feb 1, 2021. This Notice will remain in effect until it is revised. We are required to modify this Notice when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice, consistent with applicable law and our current business processes, at any time. Any new Notice will be effective for all health information that we maintain at that time. Notification of revisions of this Notice will be provided as follows:
1. Upon request
2. Electronically via our website or via other electronic means and
3. As posted in our place of business.

In addition to the above, we have a duty to respond to your requests. We support and value your right to privacy and are committed to maintaining reasonable and appropriate safeguards for your health information.

How We May Use and Disclose Health Information About You

Treatment: When you agree, by signing a release of information, we may use and disclose your health information to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services will access your health information to understand your medical condition and history. This information may be provided to other health care professionals or facilities that are involved in treating you. We may also request your medical information from other health care providers you have previously seen to assist in your care, upon your permission.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

Payment: We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your health care. The information on or accompanying a bill may include information that identifies you. We may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of certain benefits. If there is someone making payments for services on your behalf and they have a question regarding the bill, there may need to be certain treatment items shared.

Business Associates: We may disclose your health information to business associates (individuals or entities that perform critical functions on our behalf) provided they agree to safeguard the information, complying with HIPAA guidelines.

Required by Law: We may use and disclose information about you as required by law. For example, we are required to disclose information about you to the U.S. Department of Health and Human Services if it requires such information to determine that we are complying with federal privacy law.

Others Involved in Your Care: When you agree, by signing a release of information, we may disclose relevant health information to a family member, friend, or anyone else you designate for that person to be involved in your care or payment related to your care. We may also disclose health information to those assisting in disaster relief efforts so that others can be notified about your condition, status, and location.

Appointment Reminders: We may call, email, or send you notification to remind you of scheduled appointments, missed appointments, or that it is time to make your appointment. We may also call or write to notify you of other treatments or services available at our office that might benefit you.

Public Health: We may use or disclose your health information to assist public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other public health activities such as reporting reactions to medications or problems with products, enabling product recalls, repairs or replacements to the Food and Drug Administration and conducting post marketing surveillance.
Reporting Suspected Abuse: We may disclose health information to an appropriate government authority, including a protective services agency, if we believe an individual is the victim of abuse, neglect, or domestic violence. We will inform the individual that we have made such a report, unless we believe that doing so would place the individual at serious risk of harm. We will make such reports only as required or authorized by law, or if

the individual agrees. Once such a report is filed, we may be required to provide additional information.

Law Enforcement: Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena, discovery request or court order.

Health and Safety: We may disclose your health information as necessary to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Safety: If a client communicates a threat, or if we believe a client presents a threat of imminent serious physical violence against a readily identifiable individual, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

If we believe the client presents a threat of imminent serious physical harm to oneself, we may be required to take protective action. These actions may include contacting the police or others who could assist in protecting the client or seeking hospitalization for the client. We make every effort to fully discuss it with you before taking any action.

Workers' Compensation: We may disclose health information when authorized and necessary to comply with laws relating to Workers' Compensation or other similar programs.

Other than as described above, we may not use or disclose your health information without your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use, or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

Individual Rights

You have the right:

- To request restrictions, please send a written request to the Privacy Officer at the contact information listed below.

- To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, send a written request of how or where you wish to be contacted to the Privacy Officer at the contact information listed below.

- You may revoke the authorization to disclose your health information, if authorization was provided, at any time in writing to the address below.
- To obtain a copy of your health information or direct us to send a copy of your health information to another person designated by you, please provide a request in writing with your signature attached. In most cases we will provide access to you, or the person you designate, within 30 days of your request. You may be charged a fee for the cost of copying, time involved and mailing, in advance. If you are denied access to your health information, we will send you a written explanation. You may request that the denial be reviewed. Another licensed health care professional will then review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. To make such a request, send a written request to the Privacy Officer at the contact information listed below.

- If you feel that the health information, we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to the Privacy Officer at the contact information listed below. You must also give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if:

- The information was not created by us, unless the person who created the information is no longer available to make the amendment.

- The information is not part of the health information kept by or for us.

- The information is not part of the information you would be permitted to inspect or copyI¾ or

- The information is accurate and complete.

- If you would like a paper copy of this "Notice of Privacy Practices" please send your request to the Privacy Officer at the contact information listed below.

Complaints

If you believe that your privacy rights have been violated, a complaint may be made to the Privacy Officer at the contact below:

Privacy Officer
One Clarks Hill
Suite 302
Framingham, MA 01720

You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services.

ACKNOWLEDGMENT AND CONSENT

Notice of Privacy Practices.

By signing my name at the bottom of this form, I acknowledge that I have received Vendetti Wellness Group's Notice of Privacy Practices, which describes the ways in which the Practice may use and disclose my health information.
I also consent to the uses and disclosures of my health information described in the Practice's Notice of Privacy Practices. I understand and acknowledge that my health information may include information related to my mental health conditions or treatment, substance abuse conditions or treatment, and/or HIV/AIDS information. I also understand that psychotherapy notes about me may be subject to additional protection under confidentiality laws.

I give permission to the Practice to release my health information: 1. For any purposes related to payment by me or a third party for services to determine eligibility, to process any insurance claim, for utilization and quality review, or for billing or collection purposes, as necessary to obtain payment 2. To internal VWG Providers only when it serves to aid in efforts to provide the highest quality of care and best practice procedures.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

Consent to Treatment

By signing my name at the bottom of this form, I consent to allow the Practice and the professional staff associated with or employed by the Practice to perform all necessary care to treat me, including counseling, therapy, psychological assessment and/or psychiatric care.

If the patient is a minor, I, as the parent or legal guardian with the authority to consent on behalf of the minor, hereby give my consent for the minor to seek counseling, therapy, psychological assessment and/or psychiatric care from the professional staff associated with or employed by the Practice. This consent will be valid until the minor reaches the age of 18 but can be revoked at any time with written notification. This consent is subject to applicable state law.

I acknowledge that my treatment plan may require routine laboratory tests and/or toxicology screening, the type and frequency of which will be determined by my provider. The results of these tests may alter my plan of care. I understand that I may refuse testing, but that by doing so, my provider may not prescribe requested medications.

Consent to Receive Email Communications

By signing my name at the bottom of this form, I consent to have the Practice communicate with me via email and text for the following purposes: appointment reminders, communication about payment for the services I receive (including balance statements), and communication with my health care providers. I consent to appointment reminders being sent to me via email, text, or telephone pursuant to contact information that I provide to Provider from time to time.

I understand that there is a risk that emails containing my health information may be intercepted or read by a thirty party while in transit and online records may be compromised, and that, in such event, the information may no longer be protected by Federal Law if held by a third party.

INFORMED CONSENT TO TELEHEALTH

Telehealth allows my therapist to diagnose, consult, treat, and educate using interactive audio, video, or data communication regarding my treatment. I hereby consent to participating in VWG Services via telephone or the internet (hereinafter referred to as

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

Telehealth) with my provider at Vendetti Wellness Group, PC.
I understand I have the following rights under this agreement: I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person services. Any information disclosed by me during my treatment, therefore, is generally confidential. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my therapist has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent. I understand that while treatment of all kinds has been found to be effective in treating a wide range of concerns, there is no guarantee that all treatment, of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured. I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our sessions or other communication by my provider to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy and that if my provider believes I would be better served by another form of service, such as in-person treatment, I will be referred to a therapist in my geographic area that can provide such services. I have read and understand the information provided above. I have the right to discuss any of this information with my provider and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Telehealth communications by providing written notification to Vendetti Wellness Group, PC. My signature below indicates that I have read and understand this Agreement and that I agree to its terms.

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

PROFESSIONAL FEES

Self-Pay Fees:

Service Type	***Therapy Services***	***Medication Services***
Initial Evaluation	$175 +	$250-$350 +
Ongoing Sessions	$80-$150 +	$125-$300 +
Crisis Risk Assessment	$250-$600 +	N/A

Administrative Professional Fees:**
**Therapy Services: $75 per 30 minutes
**Medication Services: $100 per 30 minutes

Administrative services will be discussed and agreed upon prior to being charged

+ Please note that your sessions are invoiced, and fees may vary, based on your insurance plan details. Details include service type, service duration, extent of evaluation(s), treatment strategy necessary for your care and the credentials of your provider.

Based on your insurance plan details, please be advised that charges may apply for sessions conducted outside regular hours, including evenings, weekends, and holidays. If your insurance plan does not cover this charge, this will be a direct financial responsibility to the patient.

Late Cancellation/Missed Appointment Fees (LCF):

Service Type	**LCF Fee**
Therapy Sessions *	$125-$175
Medication Sessions *	$125-$350

*Fee is determined by service type and the credentials of your provider

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

VWG Cancellation Policy:

- ***Our Practice requires 24-hour notice to cancel or postpone any appointment.***

Please give close attention to this policy as there is a fee associated to a late cancelled or missed appointment unless the Provider deems the situation as an emergency circumstance beyond one's control which caused the late cancellation or missed appointment.

- Our practice considers being late by 15 minutes or more as a violation of our cancellation policy.

- Notice of cancellation is accepted by Patient Portal Messages, Email, and/or Phone to leave a message notifying your provider that you need to cancel and/or reschedule your appointment.

- Appointment Reminders are not an approved method of communication to the Provider to cancel your session timely. You must reach out through Patient Portal Messages, Email, and/or Phone to leave a message notifying your provider that you need to cancel and/or reschedule your appointment.

- When possible, the provider will work to find another time to reschedule the appointment, upon your cancellation/rescheduling request(s).

- Any outstanding balance must be paid prior to any additional services being delivered.

- ***Insurance Plans do not pay for missed appointments / late cancellation fees. This is a direct financial responsibility from the patient.***

Other Potential Fees

Good Faith Estimate

For those using Health Insurance for Services: We will provide you with the information we have about your insurance plan. This information will include our access to your deductible, coinsurance, and/or copay amounts. We also encourage you to contact your insurance company to ensure all information is accurate and aligned. You and your provider will review your plan for treatment, and from there, expected costs can be determined. ***Failure to provide your insurance in a timely manner – within 60 days from date of service - will result in services being billed privately.***

VENDETTI
WELLNESS GROUP PC

PATIENT SERVICE AGREEMENT & INFORMED CONSENT

For those not using Health Insurance for Services (Self-Pay/Private Pay): Please view our professional rates outlined above. You and your provider will review your plan for treatment and from there, expected costs can be determined.

*Disclaimer: This Good Faith Estimate shows the costs of items and services that are reasonably expected for our work with you. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. Vendetti Wellness Group, PC, is committed to providing the best possible care for patients. By signing your name at the bottom of this form, you are stating that you have read, understand, and agree to all the items that have been given to you in this Patient Services Agreement & Informed Consent packet including: Professional Services, Patient Financial Responsibility and Payment, Cancellation Policy, After Hours Contact and Emergency Procedures, Confidentiality, Minors, Notice of Privacy Practices, Individual Rights, Acknowledgement and Consent, Professional Fees, Good Faith Estimate.

Patient Acct #: _____

_____

Acknowledgement of Service Agreement & Informed Consent Signature