

PREMIER SPINE CARE PATIENT ACKNOWLEDGEMENT

John M. Ciccarelli, MD
Adrian P. Jackson, MD

Doctor/Patient Acknowledgement

I understand that I do not have to see Dr. Ciccarelli, Dr. Jackson and/or their associates as a patient if I do not wish to do so. Even if a third party, such as an insurance carrier, advises me that I must see them, I do not have to remain under their care unless I choose to do so. Dr. Ciccarelli/Dr. Jackson does not want me for a patient unless I want him/them and his/their office personnel to take care of me. This relationship will continue until I or Dr. Ciccarelli/Dr. Jackson, or their associates decide that I do not need to come back any more for evaluation of treatment. My records will remain confidential and the results of my studies (both records and x-rays) will not use my name specifically.

Assignment Of Medical/Surgical Benefits

I hereby assign all medical and or surgical benefits, to include major Medical benefits to which I am entitled, private insurance, and any other health plan to Premier Spine Care.

Disclosure Of Physician Ownership

During the course of your treatment at Premier Spine Care, you may be referred to obtain services or surgical procedures at Shawnee Mission Prairie Star Surgery Center, LLC. Shawnee Mission Prairie Star Surgery Center is a joint venture physician and hospital owned surgery center, of which Drs. Ciccarelli and Jackson have ownership or investment interest.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure the payment. I understand Drs. Ciccarelli and Jackson have ownership or investment interest in Shawnee Mission Prairie Star Surgery Center, LLC.

Patient's Name *(print)*

Date