

## ***CONDITIONS OF MEDICAL SERVICE AND AGREEMENT***

In consideration of and as a condition of the medical services I will receive at Zion Pain Management Center, I agree to the following:

(1) I hereby assign and authorize payment of covered insurance benefits, including major medical benefits, whether payable to me by Blue Cross/Blue Shield, Medicare, any commercial insurance company or managed health care plan or directly payable to Zion Pain Management Center, LLC, now or in the future.

(2) I understand that my health insurance may not cover some or any of the medical services I receive. ***I understand that I am responsible for any and all charges not covered or actually paid by my health insurance to Zion Pain Management Center, LLC.*** That means, among other things, that I am responsible for deductibles, co-insurance and payments from an insurance company directly to me. I will take responsibility for making certain that any payment I send gets to the billing office of Zion Pain Management Center, LLC, located at 301 North 200 East, Suite 2A, St. George, UT 84770.

(3) I promise to pay Zion Pain Management Center, LLC all balances due within sixty (60) days of the presentation of my bill. My bill will be considered presented three (3) days after mailing to the address I provide, and sixty (60) days after presentation, my bill becomes delinquent, accrues interest at the rate of ten (10) percent per month, and may be submitted for collection. If my bill has to be submitted for collection, I promise to pay all costs associated with it, including any attorney's fees that may be incurred. A collection fee of 30% of the balance is assessed. I will notify Zion Pain Management Center promptly of any change of address.

(4) I have disclosed to Zion Pain Management Center, LLC the names of all my health insurance providers and any tie-in health coverage. My health care coverage *is in full force and effect now*. If my health care coverage requires that I obtain a referral for these medical services and I did not obtain one, I promise to do so immediately and submit it to Zion Pain Management Center, LLC. I authorize the release of any and all medical information that may be required to process the claims for payment of the medical services I receive at Zion Pain Management Center, LLC and I waive all privilege and confidentiality to that extent.

(5) I will ask clarification of any medical service, treatment or procedure I may not understand prior to receiving it and I acknowledge and accept that the results of any such service, treatment or procedure are not and cannot be guaranteed.

(6) If I am currently involved, or, if after beginning my treatment at Zion Pain Management Center, LLC, I become involved in pursuing a personal injury claim against a third party, I understand that at my request and with my authorization Zion Pain Management Center, LLC can and will provide my attorney with all my records of treatment. As a condition of treatment, I agree that having requested and received copies of my medical records, I (or my attorney) will not seek to subpoena my physician(s) at Zion Pain Management Center, LLC to provide factual information already contained in or covered by my records nor to provide expert testimony (or include their names on any list of expert witnesses) in my case without their prior written consent.

I have read through this document and assert that I understand and sign it freely. Any signed copy of this document may be considered as valid as the original.

X \_\_\_\_\_  
Signature of Patient

X \_\_\_\_\_  
Signature of insured (if applicable)

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**MEDICARE LIFETIME MEDIGAP ASSIGNMENT**  
***Sign below if you have a MEDIGAP insurance policy***

I assign and authorize payment of MEDIGAP benefits to Zion Pain Management Center, LLC for any services I receive there. I authorize any holder of medical information that may be necessary to determine my benefits to release it to the Health Care Financing Administration (HCFA) and its agents.

X \_\_\_\_\_

Dated: \_\_\_\_\_