

Independent Medical Specialists Inc
Patient Agreement

I, _____, the undersigned, agree with the following:

Item 1. Basis of patient-physician/provider-patient relationship

I understand that Dr. Kandarp Shah and/or other Independent Medical Specialists Inc healthcare professionals (hereafter collectively referred to as PROVIDER) are or will be seeing me in a consultative capacity only. PROVIDER is not assuming long-term or overall care and is not responsible for emergency care in any manner. The patient-physician relationship between me and PROVIDER will automatically end sixty (60) days after the last face-to-face or video visit medical care is provided by PROVIDER. Such termination of this relationship can occur sooner for non-compliance on my part or non-payment by me or my insurance for service rendered by PROVIDER. I acknowledge that I am under the overall care of my primary care provider (PCP) and that I need to depend on getting long term care and issues, including emergency care, addressed with my PCP. In an emergency, I must depend on hospital emergency departments or on other facilities or providers that provide emergency care. This is true while I am under care of PROVIDER and after the termination of relationship with PROVIDER. No long-term refilling of usual medications is expected by PROVIDER. I also understand that PROVIDER does not prescribe any narcotics and I agree to not demand any prescription of narcotic by PROVIDER and will not hold PROVIDER responsible for not meeting my need for narcotic prescription. I acknowledge that authorization of coverage for recommended tests and other services is up to my insurance. In case of denial of coverage by insurance company, it is my responsibility to argue with insurance company, or choose to pay myself or not have recommended tests or services. If I choose to not have those tests or services, I will not hold PROVIDER responsible in any way even when there are bad consequences.

Item 2. Financial and other responsibilities

I understand the Patient Rights and Responsibilities. I acknowledge it is ultimately my responsibility to compensate IMS and PROVIDER for services rendered to me. I take full responsibility for providing PROVIDER with accurate written information about my contact details and my health insurance coverage, including secondary insurance, if any, and Medicare Advantage Plan. I grant IMS and PROVIDER permission to file insurance claims and to receive payment for services rendered to me by them. I will fully cooperate with this process. I request payment of benefits to Independent Medical Specialists Inc and to PROVIDER as chosen by IMS. I agree that within 30 days of receiving an Explanation of Benefits or any other reasonable effort to inform me of my debt, I will remit payment in full to IMS. I understand that I may be charged monthly fees if my account is overdue and that I may be required to pay any outstanding balance on my account in order to receive further care by PROVIDER. I acknowledge that neither IMS nor PROVIDER is responsible for any expenses I incur for the services recommended by them, but not provided by them.

Item 3. Privacy: I have reviewed the Notice of Privacy Practices. I am given opportunity to submit all objections and restrictions in writing to the Privacy Officer of IMS. I give permission to IMS and PROVIDER to share my health information with their business associates as necessary for billing and for my health care.

Item 4. Prescription drugs: I understand the importance of being familiar with medications dispensed by pharmacies, and especially the side effects of medications. I agree to read the package insert and ask the pharmacist about anything I am unclear about before taking any medication.

I understand this agreement in its entirety and each of the above items. I have been given an opportunity to ask any questions, and they have all been answered to my satisfaction. I agree to all of the above terms with a sound mind and without duress.

Patient's Signature

Date

Staff Witness's Signature (if required)

Date

