

BOARD CERTIFIED

**Anna M. Toker, MD**

SPECIALIZING IN ROBOTIC COLO-RECTAL SURGERY



## Consent to Contact, Evaluate, and Treat

I understand that it is my responsibility to ensure all appropriate primary care referrals are in place prior to being seen by the physician.

Once established as a patient, I authorize Dr. Anna Toker, associates, assistants, and other qualified medical personnel of her choice to:

- call me
- evaluate me
- treat me
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AND recommend and/or order:

- prescriptions
- referrals
- radiology exams
- laboratory tests
- other specialized tests, procedures, and surgery

as indicated for diagnosis for my medical condition.

I understand that certain insurance policies will not approve of these recommendations and therefore, some recommended tests, prescriptions, or treatments will not be paid for or approved by insurance. It is my responsibility to either clarify with the insurance company, assist with approvals, or financially cover these items, or, I may choose to refuse these recommendations for financial reasons without holding the physician liable for my decision or the actions of the insurance company.

I also understand that this office will not engage in medication pre-authorization. If a prescription requires pre-authorization I should alert Dr. Toker's office to the status of the medication denial for possible substitution prescriptions. On occasion, the price of a medication will not be prohibitive despite the lack of the pre-authorization. I understand that I should discuss this issue with the dispensing pharmacy.

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