



8300 Carmel Ave NE Bldg. 5
Albuquerque, NM 87122
(505) 633-4141

Consent for Treatment

General Consent

- I consent to being cared for, examined and treated by the medical staff at New Mexico Pain Associates. I understand that the practice of medicine is not an exact science and that no guarantees have been made to me as a result of the examinations, treatments or procedures performed by the staff.
- I understand that if I need to go to the emergency room, the service provided there is not intended to replace my comprehensive and routine medical care.
- I accept all responsibility for my health and safety if, for any reason, I leave the clinic before being discharged by the medical staff
- **I understand that the care that will be provided to me, will be given by physicians, certified nurse practitioners, physician assistants and medical students (under the close supervision of the medical staff)**

Release of Medical Information:

- I authorize the staff at New Mexico Pain Associates involved in my care to disclose any or all of my medical record to any organization or insurance company that may be liable or responsible for payment of charges associated with my care and for all other purposes related to billing. Some of these items include, but are not limited to, mental health or substance abuse treatment records, and infectious disease records.
- If my injury is work related, I authorize the clinic release my medical records information to my employer and/or its designee or the insurance company that provides the insurance.
- If I receive a medical devise, I agree to release my social security number and other required information to the manufacture and the food and drug administration. I understand that this information will be used if there are some issues that will require for them to contact me.
- I understand that information on my medical records is confidential, but it may be disclosed for medical education and research purposes, professional review of activities and treatments activities related to the cost, frequency and quality of the services provided. Otherwise, my medical record will not be disclosed without my consent, or that of my legal representative (unless required may law or a court order)
- I understand that the law requires reporting of certain positive test results (such as hepatitis and HIV/AIDS virus) to the health department.
- I understand that the financial quote of services is an estimate. Actual charges may be different than the amount quoted. Additional charges, such as consultant fees or

pharmacy, laboratory and supplies may not be compiled before discharge. All charges will appear on my statement.

- I authorize and irrevocably assigns payment directly to New Mexico Pain Associates for the full amount of the medical insurance benefits payable under the terms of my policy.
- I understand that filling an insurance claim does not remove my responsibility for payments of the charges incurred.
- I agree to pay the actual charges of treatment, minus the amount paid to new Mexico Pain Associates by third party payers. New Mexico Pain Associates may obtain a credit report on me from a reporting agency.
- Should my account is sent for collections, I shall pay the reasonable cost of collections including attorney's fees.

Medicare Patient's Certification

- I certify that the information I provided in applying to payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information to release to the Social Security administration and/or Medicare program, its intermediaries or Professional Standards Review Organization any information needed for its related claims. I request that payment authorization of authorized benefits be made on my behalf.

ERISA Authorization

- I hereby designate, authorize and convey to the Provider the full extend permissible under law and under any applicable insurance policy and/or group plan, as my Authorized Representative: 1. the right and ability to act on my behalf in connection with any claim, right, cause in action or appeals that I may have under such policy and/or plan. and 2. the right and ability to act on my behalf to pursue such claim, right, cause of action or appeal including any benefit claim or appeal of any adverse benefit determination i connection with such policy with respect to any medical or healthcare expense incurred as a result of the services provided. Also, to the extent of the law, to claim on my behalf, such benefits, claims, or reimbursement including (but not limited to) recovery of losses, equitable relief, penalties, fines and other relief provided under the Employee Retirement Income Security Act.

Personal Belongings

- I understand that I am responsible for any belongings that I bring and keep in my possession while visiting the New Mexico Pain Associates offices.

Weapons and Drugs

- I understand and agree that, if at any moment, there is suspicion that there are any weapons, explosive devises, illegal substances, drugs or alcohol in my room or belongings, the New Mexico Pain Associates staff may search my belongings
- Furthermore, I understand that any items may be confiscated and delivered to the authorities.

