



CT Integrated Pain Consultants

Zhaodi Gong, MD/PhD

### Patient Waiver Form

I hereby assign all medical and/ or surgical benefits including major medical benefits to which I am entitled, including Medicare and commercial medical insurance to CT Integrated Pain Consultants, LLC.

CT Integrated Pain Consultants, LLC bills only for the professional component of these services. If there is a co-pay associated with this service, I agree to satisfy.

I understand that I am financially responsible for all charges for the hospital and for anesthesia if these services are used.

I agree that should it be determined I am ineligible for coverage or if some services performed at CT Integrated Pain Consultants, LLC are denied by my health plan, I will be financially responsible for payment of all charges from such services.

I the undersigned am aware that there is a **\$50.00 out-of-pocket charge** if any **prior authorization** from insurance carrier is required for any medications or procedures deemed necessary by the medical staff at CT Integrated Pain Consultants, LLC.

---

Patient Name (Print)

Signature

Date

### Patient No Show Policy

I understand that if I need to cancel an appointment, it must be **24 hours before** appointment time for an **office visit or medication check**. Failure to follow this policy will result in a \$50.00 fee charged to my account.

If I need to cancel a **new patient consultation**, it must be **48 hours before** appointment time. Failure to follow this policy will result in a \$75.00 fee.

I am also aware that if I need to cancel a **procedure** (regardless of the location in the office, Fairfield surgical center or St. Vincent Hospital), it must be **48 hours before** appointment time. Failure to follow this policy will result in a \$100.00 fee.

I understand that all the above charges are **out-of-pocket** which are not covered by the insurance company.

---

Patient Name (Print)

Signature

Date

125 Kings Highway North, lower level, Westport, CT 06880 T 203-557-3331 F 203-557-6688