



## MEQUON WELLNESS CENTER

### New Patient Consent Form

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**Consent to Treatment:** I recognize that I need medical services. I consent to care at Mequon Wellness Center by Dr. Lewis, and/or his assistant(s). I understand that the practice of medicine is not an exact science and that any treatment and/or prescribed medications may involve risk of side effects. I understand that I will be informed about the availability of alternate modes of treatment or procedures and their benefits and risks, including no treatment at all, except in emergencies.

**Use of Medical Information:** I understand consistent with Wisconsin and federal law, Mequon Wellness Center, will share all medical information as necessary for continuation of care and with any other institution or person as allowed by law. As an example, I understand that Mequon Wellness Center, does not have an in-house lab and uses an outsourced medical laboratory and my lab work and personal information is shared to accomplish testing I may desire. Privacy and confidentiality of personal health information is important to Mequon Wellness Center. There are policies in place to insure that your personal health information is available only to authorized persons who need access to this information to provide medical care. No patient information leaves this office either electronically, by fax, or paper record without specific authorization by the patient.

**Financial Agreement:** I acknowledge that I am responsible for all charges for services provided for me, my spouse and my dependents payable in full on day that services are rendered. I understand that Mequon Wellness Center, does NOT FILE OR BILL INSURANCE OF ANY TYPE because we do not have the equipment, systems, or personnel necessary to file insurance and collect claims. Because we do not affiliate with any insurance companies, we can dramatically reduce fees and costs and pass the savings on to you, the patient. We offer these reduced fees while providing excellent service and top quality personalized medical care. This practice and fee schedule will be beneficial for those in our community who do not have health insurance. It will also be appealing to those who have insurance but who do not want to wait long periods of time to be seen by a doctor on their insurance plan. In addition, this practice may be appealing to those who carry high health insurance deductibles. The goal is to make it easy for those in our community to access quality healthcare without the hassle or drawbacks associated with managed care. Mequon Wellness Center does NOT sign contracts with insurance companies that cause us to have insurance company's' interests ahead of our patients.

**THE FOLLOWING SECTION IS FOR MEDICARE/MEDICAID PATIENTS ONLY:**

**At Mequon Wellness Center, our top priority is you and your health, not your insurance plan. Some services provided by us such as routine office visits, physicals, and some lab work could be covered by Medicare/Medicaid if we were a Medicare/Medicaid provider. Since we have opted out of being a Medicare/Medicaid provider, we are only able to provide your care under a private contract. This means you agree to pay Mequon Wellness Center, for our services and they will not be reimbursed by Medicare/Medicaid. This only applies to the care we provide. Many times people will ask what happens if we refer them to a specialist, to the local hospital, or for other Medicare/Medicaid covered products or**

services that we do NOT provide (i.e. wheelchairs, MRIs, X-rays, etc.). These services are still covered by Medicare/Medicaid for the patients by other health care practitioners.

Understanding the fixed income of some people on Medicare/Medicaid, Mequon Wellness Center has significantly reduced fees. In some cases, the fees charged may actually be less than what your out of pocket cost might be if you had Medicare/Medicaid billed. If you would like to be a patient at Mequon Wellness Center, and understand these terms please sign our Medicare/Medicaid Private Contract indicating that you understand this arrangement.

I have read and fully understand to my satisfaction, this entire document consisting of consent to treat, use of medical information, financial information, Medicare notice (if applicable to me), the payment procedures of Mequon Wellness Center, and agree to pay my bill in full at the end of my visit today. I have had an opportunity to ask questions and received answers. I understand that if I am a Medicare/Medicaid beneficiary, a separate private contract for care has been presented to me for signature. I also authorize release of any necessary medical record information by Mequon Wellness Center, and to any referrals on my behalf.

**Print Patient's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Person (If not Patient) and please indicate relationship (if signing for someone else)**

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