

Premier Spine Care

John M. Ciccarelli, MD
Adrian P. Jackson, MD

1. DOCTOR/PATIENT ACKNOWLEDGEMENT
2. ASSIGNMENT OF MEDICAL/SURGICAL BENEFITS
3. DISCLOSURE OF PHYSICIAN OWNERSHIP

1. I understand that I do not have to see Dr. Ciccarelli, Dr. Jackson and/or their associates as a patient if I do not wish to do so. Even if a third party, such as an insurance carrier, advises me that I must see them, I do not have to remain under their care unless I choose to do so. Dr. Ciccarelli/Dr. Jackson does not want me for a patient unless I want him/them and his/their office personnel to take care of me. This relationship will continue until I or Dr. Ciccarelli/Dr. Jackson, or their associates decide that I do not need to come back any more for evaluation of treatment. My records will remain confidential and the results of my studies (both records and x-rays) will not use my name specifically.
2. I hereby assign all medical and or surgical benefits, to include major Medical benefits to which I am entitled, private insurance, and any other health plan to Premier Spine Care.
3. During the course of my treatment at Premier Spine Care, I may be referred to obtain services or surgical procedures as Heartland Spine & Specialty Hospital (HSSH). HSSH is a physician owned hospital, of which Drs. Ciccarelli and Jackson have ownership or investment interest.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure the payment. I understand Drs. Ciccarelli and Jackson have ownership or investment interest in HSSH.

Patient _____ Date _____