

Patient Information as of _____ (enter today's date)
(Please Print Legibly & Fill In or Correct All Fields)

Patient's Name _____
Last First Middle

Address _____
Street & Apt # City State Zip

Home Phone _____ Cell Phone _____ Other Phone _____

Any restrictions for contacting you via email on updates about new services provided by our office? No Yes E-mail _____

Name of Peditrician or Primary doctor _____ Phone Number _____

Age _____ Birthdate ____/____/____ SS# ____-____-____ Sex Female Male

Marital Status Single Married to: _____ **Drivers License # (include State)** _____

Patient's Employer _____ Occupation _____

Work Phone «Person Work Phone» Ext: _____ Is it okay to call you at work? Yes No

Address _____
Street & Suite # City State Zip

Emergency Contact _____ Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Address _____
Street & Apt # City State Zip

Primary Health Insurance Company _____

Policy # _____ Group # _____ Ins. Phone _____

Insured: Name _____ DOB _____ Employer _____

Secondary Health Insurance Company _____

Policy # _____ Group # _____ Ins. Phone _____

Insured: Name _____ DOB _____ Employer _____

I understand that office visit charges are payable on the day service is rendered. I authorize Dr. David Evdokimow to bill my insurance company. Regardless of insurance coverage, I am responsible for all bills being paid in a timely manner. I understand that my contract is between Dr. David Evdokimow and myself.

Signature _____ **Date** _____

David Evdokimow, M.D.
96 S. Finley Avenue,
Basking Ridge, NJ 07920

Financial Binding Policy Regarding Consultations, Follow up Visits, and Missed Appointment

Wound healing is a very complex and dynamic process which requires close attention. Our follow-up schedule is based upon the profound knowledge of wound healing. Fine adjustments of treatment made in a timely fashion can make significant impact on the final outcome.

Please be advised that if you fail to comply with Dr. Evdokimow's post procedure instructions, including but not limited to maintaining your follow-up visits, complications and/or unfavorable results may occur. Dr. Evdokimow assumes no responsibility for any unfavorable results and/or complications due to your failure to comply with his post operative instructions, including maintaining your follow up visits. Additionally, any further treatment and/or procedures that may be required due to your failure to cooperate with Dr. Evdokimow's instructions shall be your responsibility.

Dr. Evdokimow is a "Non-Participating Provider", or as often called, an "Out-of-Network Provider", which means the doctor does not have a contractual agreement with your insurance company. It is each patient's responsibility to be familiar with his or her insurance contract, for that reason, you are responsible for all Out-of-Network fees. It is your responsibility for any outstanding account balances and any additional fees incurred due to third party collection and/or attorney efforts could be as high as 50% and will be added to the outstanding balance.

The payment for new consultations, as well as all office visits occurring after the global period has expired is the patient's responsibility and payment is due at the time of visit, with the exception of a limited number of cases (e.g. Medicare, Workers Compensation, and no fault auto accidents). It is the patient's responsibility to obtain Out-of-Network authorization from his or her insurance company and/or primary care physician for medical services and if authorization is not obtained, you are responsible for all Out-of-Network fees. Balances of fees under \$500.00 are your responsibility to appeal with your own insurance. This office will not appeal any fees under \$500.00.

In case of dispute with payment, we are allowing to settlement. Your medical records including, your name, picture, and all records can be sent to attorney's, 3rd party payers and other vendors ,credit owners, lenders ,or other financial insutitions associated with you medical care or financial charges,resudial balances and payments due in full.

Timeliness the day of your appointment is important to assure proper medical care for all of our patients. All cancellation of appointments MUST be made 24 hours prior to your scheduled appointment. A \$50.00 fee will be charged for cancellations not made in accordance with our cancellation policy.

Date: _____

Printed Name :

Signature: _____

Guarantor/Patient

PHOTO RELEASE CONSENT

I hereby grant David Evdokimow, M.D., its successors and assigns, the right to use photographs of me. I understand that I do not have any intellectual property rights in or to these images. The usage of these photographs and/or digital images will be limited to:

Medical purposes related to case

Scientific purposes, including seminars and medical articles

Before and after photo album (digital or printed) for cosmetic patients to view in the offices

Before and after photographs and/or digital images to be included in newsletter to be sent to patients

Before and after photographs and/or digital images to be included in our website for cosmetic surgery

David Evdokimow, M.D. need not approach me again for authorization to use these photos unless the usage differs from that listed above.

If I ask David Evdokimow, M.D. to terminate use of these photographs and/or digital images, I will do so in writing and communicated to David Evdokimow, M.D., and recognize that it will take a reasonable time period to accomplish. For example, to remove such pictures from a web site, and Dr. David Evdokimow will need to coordinate with a third party webmaster. I hold David Evdokimow, M.D. harmless from any liability related to use of these photographs and/or digital images for the purposes outlined above. I further hold David Evdokimow, M.D. harmless for any third party use of these photos unrelated to direct, immediate, and proximate action by David Evdokimow, M.D.

This release and authorization does not conflict with any existing commitment on my part.

I understand that David Evdokimow, M.D. are not obligated to make use of its rights set forth herein.

Copyright to photographs and/or digital images is retained by David Evdokimow, M.D.

Patient Signature

Date

Witness

Date

AGREEMENT AS TO RESOLUTION OF CONCERNS

I understand that I am entering into a contractual relationship with David Evdokimow, M.D. for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care to patients and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by the physician, I, the Patient/Guardian, agree not to initiate or advance, directly or indirectly, any meritless or frivolous claims of medical malpractice against David Evdokimow, M.D.

Should I initiate or pursue a meritorious medical malpractice claim against David Evdokimow, M.D., I agree to use as expert witnesses (with respect to issues concerning the standard of care), only physicians who are board certified by the American Board of Medical Specialties in the same specialty as the Physician. Further, I agree that these physicians retained by me or on my behalf to be expert witnesses will be members in good standing of the American Board of Plastic Surgery and or the American Society for Surgery of the Hand.

I agree the expert(s) will be obligated to adhere to the guidelines or code of conduct defined by the American Board of Plastic Surgery and or the American Society for Surgery of the Hand and that the expert(s) will be obligated to fully consent to formal review of conduct by such society and its members.

I agree to require any attorney I hire and any physician hired by me or on my behalf as an expert witness to agree to these provisions.

In further consideration, David Evdokimow, M.D. also agrees to exactly the same above-referenced stipulations. Each party agrees that a conclusion by a specialty society affording due process to an expert will be treated as supporting or refuting evidence of a frivolous or meritless claim.

Patient/guardian and physician agree that this Agreement is binding upon them individually and their respective successors, assigns, representatives, personal representatives, spouses and other dependents.

Physician and patient/guardian agree that these provisions apply to any claim for medical malpractice whether based on a theory of contract, negligence, battery or any other theory of recovery.

Patient/guardian acknowledges that he/she has been given ample opportunity to read this agreement and to ask questions about it.

Physician

Patient/Guardian

Effective from Date of Treatment:

Date of Signature

PUBLIC DOMAIN DISCLOSURE AND ANTI – DEFAMATION

David Evdokimow, M.D. take pride in being able to extend a greater degree of privacy than is required by law.

Federal and State privacy laws are complex. Unfortunately, some medical offices try to find loopholes around these laws. For example, physicians are forbidden by law from receiving money for selling lists of patients or medical information to companies to market their products or services directly to patients without authorization. Some medical practices, though, can lawfully circumvent this limitation by having a third party perform the marketing. While personal data is never technically in the possession of the company selling its products or services, the patient can still be targeted with unwanted marketing information. David Evdokimow, M.D. believes this is improper and may not be in the patients' best interest. Accordingly, David Evdokimow, M.D. agrees not to provide medical information for the purpose of marketing directly to Patient. Regardless of legal privacy loopholes, David Evdokimow, M.D. will never attempt to leverage its relationship with a Patient by seeking Patient's consent for marketing products for others.

We want your feedback. If our office gets it right, tell us. If we could do something better, tell us. We take quality improvement seriously. While there are scores of "rating sites" in cyberspace, many fail to provide useful information. Let's get it done right. We can make recommendations as to which sites follow minimum standards for fairness and balance.

Dr. Evdokimow has invested significant financial and marketing resources in developing the practice. Nothing in this Agreement prevents a patient from posting a commentary about David Evdokimow, M.D. – his practice, expertise, and/ or treatment on web pages, blogs, and/or mass correspondence. In consideration for treatment and the above noted patient protection, if a Patient prepares such commentary for publication on web pages, blogs, and/or mass correspondence about David Evdokimow, M.D., the patient exclusively assigns all Intellectual Property rights, including copyrights, to David Evdokimow, M.D. for any written pictorial, and/or electronic commentary. This assignment shall be operative and effective at the time of creation (prior to publication) of the commentary.

This Agreement shall be in force and enforceable for a period of five years from Dr. David Evdokimow's last date of service to «Person_First_Name» «Person_Last_Name» or (b) three years beyond any termination of the Physician-Patient relationship. As a matter of office policy, David Evdokimow, M.D. is requiring all patients in his practice to sign this Mutual Agreement so as to establish that any anonymous or pseudonymous publishing or airing of commentary will be covered by this agreement for all of David Evdokimow, M.D. patients.

Patient and Physician acknowledge that breach of this Agreement may result in serious, irreparable harm. Patient and Physician agree to the right of equitable relief (including but not limited to injunctive relief). and Physician agree to the right of equitable relief (including but not limited to injunctive relief). Should a breach of this Agreement result in litigation, the prevailing party in the litigation shall be entitled to reasonable costs, expenses, and attorney fees associated with the litigation.

Patient has been given the opportunity to ask questions and receive satisfactory and adequate explanations.

SO AGREED THIS _____ DAY OF _____, 201____.

(PATIENT OR GUARDIAN SIGNATURE)