

**Registration for Case Review and International Consultations with Dr.
Raymond Chang of Meridian Medical Group, New York**

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE (C) _____ (H) _____ (O) _____

EMAIL _____

EMERGENCY CONTACT (Name and phone) _____

CREDIT INFO (VISA/MASTER) _____ Expiry Date ___ / ___

It is always preferred for you to consult in person. However, if you have a primary physician and/or you are under the care of a local specialist, we will provide phone, written and/or email consultations for your convenience with your understanding that such consultations do not represent a complete diagnostic or therapeutic episode and you do not intend to hold Meridian Medical or Dr. Raymond Chang of New York professionally liable for recommendations or opinions provided based upon such consultations. Furthermore, you agree to the following terms for registration and consultations:

- **Time:** Time for us to provide appointments, review ongoing records and provide written or verbal responses to you may vary. You should understand that there could be a delay for a response or to set up appointments, especially because of time-zone differences since you are overseas, although most responses are within one week . Please let us know in case there is any urgency involved.
- **Fees:** The professional rate is USD 900 per hour. There is an initial minimal upfront non-refundable amount of USD 1200. The initial fee will be inclusive of patient registration and up to 30 minutes of records reviewed on any single case. Any subsequent service fees will be billed at a pro-rated 0.2 hourly increments for all consultations (in person/phone/email) and related professional activities (including but not limited communications with other physicians or persons; ordering of testings, reviews of scans or tests and related results and reports, provision of prescriptions or medications, letters or completion of official forms, applicable travel time and other reasonable professional activities) performed on your behalf or at your request. No insurance claim forms will be provided, submitted or provided.
- **Accounting and Contact Information:** Professional services will be rendered as based on conditions above. It may be necessary for you to annually renew this registration to continue the service. Your account will be debited after services are rendered and you are entitled to an itemized bill via email at regular intervals or anytime at your request.

For email consultations: you can use chang@meridianmedical.org to contact or email Dr. Chang or call his office via phone at +12126831221 to schedule phone or in person appointments.

Your signing below indicates that you understand and agree with the above and voluntarily register for the services.

(Printed Name: patient or guardian)

Date

: