

Registration for Consultations with Dr. Raymond Chang of Meridian Medical PC

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE (C) _____ (Home or Office) _____

EMAIL _____

REFERRED BY _____ ARE YOU A MEDICARE PATIENT ? (Y/N) _____

EMERGENCY CONTACT (Name and phone) _____

CREDIT CARD INFO (VISA/MASTER) _____ Expiry Date ____ / ____

It is always preferable 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 episode and you will not hold Meridian Medical or Dr. Raymond Chang professionally liable for recommendations or opinions provided based upon such distance 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, although most responses are within 72hrs. Please let us know in case there is any urgency involved.
- **Fees:** The initial registration fee is \$1200 and includes a review of your medical records and a 30 minutes online consultation via Zoom or equivalent medium. Subsequent extension or additional consultation and service fees by Dr. Raymond Chang will be charged at the pro-rated hourly rate of \$900 and billed at 0.2 hourly increments for all consultations (in-person/virtual/phone/email) and related professional activities (including but not limited communications with other physicians or designated persons; ordering of tests, professional referrals, 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 professional activities related to your case) performed on your behalf or at your request. Generally, as we do not participate in any insurance programs, we reserve the right not to engage with insurers to appeal any claim denials or to obtain pre-approvals on your behalf unless requested and approved by us in advance, in which case professional time incurred will be billable at the above posted professional rate. No insurance claim forms will be provided on your behalf for services except for office visit.
- **Accounting and Contact Information:** Professional services will be rendered based on conditions above. There will be no other separate invoicing for above services and your account will be debited after each episode of service rendered. An itemized bill (*not* an insurance form or form intended to be used for insurance purposes) will only be provided upon your request after charges are debited.

We will notify you in advance if there are any changes in the above terms of service.

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

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

Signature of Patient Registrant named above

Date _____