

MEDICAL CONSENT

The patient is responsible for providing this office with the correct insurance information, a CURRENT REFERRAL for the services that are to be performed, and any insurance updates. I understand the above statement and agree that I will be responsible for the total charges incurred if I fail to comply with this request.

I authorize Drs. L.G. Owen, Jeffrey P. Callen, Michael W. McCall, Carol L. Kulp-Shorten, Jyoti B. Burruss, Kristin O. Donovan, Shannon M. McAllister, Alfred L. Knable, Timothy S. Brown, A. Abraham Hayden, Sarah M. Howell, Cindy E. Owen and/or Natalie H. Daniels to release information for the purpose of payment, treatment and routine healthcare operations.

I authorize payment of medical benefits to Drs. L.G. Owen, Jeffrey P. Callen, Michael W. McCall, Carol L. Kulp-Shorten, Jyoti B. Burruss, Kristin O. Donovan, Shannon M. McAllister, Alfred L. Knable, Timothy S. Brown, Janine Malone, A. Abraham Hayden, Soon Bahrami, Sarah M. Howell, Cindy E. Owen and/or Natalie H. Daniels.

Pursuant to Kentucky Revised Statutes (KRS 411.195), if your account requires the use of an attorney to recover the amount you owe, either by legal action or by other means, you will be responsible for payment of reasonable attorney fees and court costs. Further, if we are required to turn your account over to a collection agency, you will be responsible for those charges as well.

All medical records created, sent or received by this office in connection with the services to be performed will be stored and maintained in an electronic form. Upon conversion of any paper or other record to an electronic form, the original of the record will be discarded through shredding or other permanent disposal. I understand the above statement and agree that my medical records can be stored and maintained electronically.

SIGNATURE

DATE