

Starr's Mill Internal Medicine
1330 Highway 74, South
Fayetteville, GA 30215

MEDICAL AND SURGICAL CONSENT: When I am in the office, hospital, or nursing home, I permit my physician, Dr. Anthony Lawson/Dr. John Brachey to treat me in the ways he judges to be beneficial to me. I understand that this consent includes care which may consist of ordering or performing X-ray examination, laboratory procedures, anesthesia, medical, or surgical, or other hospital services rendered to me under the general and special instructions of the physician.

ARBITRATION AGREEMENT: The patient agrees that any controversy, including any malpractice claim, arising out of or in any way relating to the diagnosis, treatment, or care of the patient by Dr. Anthony Lawson/Dr. John Brachey, including any partners, agents, or employees of the physicians, shall be submitted to binding arbitration. The patient further agrees that any controversy arising out of or in any way relating to a past diagnosis, treatment, or care of the patient by a provider of medical services, or the provider's agents or employees, shall like wise be submitted to binding arbitration.

FINANCIAL AGREEMENT

ASSIGNMENT OF INSURANCE BENEFITS: In the event that I am entitled to physician care benefits arising out of any policy of insurance insuring the patient or any other party liable to the patient, those benefits are hereby assigned Dr Lawson/ Dr Brachey for application on the patient's bill. This agreement may considered to be my signature on file with Starr's Mill Internal Medicine/ Anthony F. Lawson, MD, PC. The undersigned and/ or the patient is fully responsible for charges not covered by the assignment. State disability benefits are assigned where applicable as well.

GUARANTEE OF PAYMENT: In consideration of physician services extended to this patient, I/We do hereby assume responsibility for the payment of all charges for such services in accordance with the financial level of benefits available. Health insurance and Medicare only pay for covered items and services. The fact that the entities may not pay for any particular item or service does not mean you should not receive it. Your doctor may have good reason to recommend it. Any and all deductibles and balances arising from covered or uncovered services are payable immediately upon receipt of the physician's bill.

I/We, hereby guarantee Starr's Mill Internal Medicine/Anthony F. Lawson MD, PC payment of all charges. Furthermore I/We hereby authorize and appoint the office manager of this practice as my attorney-in-fact to take measures in my behalf as may be necessary to collect any such claims or insurance proceeds.

The undersigned certifies that he/she has read and understands the foregoing, and is the patient or is duly authorized by the patient as the patient's general agent/representative to execute the above and accept its terms

PATIENT SIGNATURE: _____

PATIENT REPRESENTATIVE SIGNATURE (If patient is a minor or is unable to sign.)

Relationship: _____

Date: _____