

Informed Consent and Fee Schedule for Housecalls by Meridian Physicians

A housecall is the only practical means of attending a patient at times, and this document is to inform you that we offer such a services, but subject to following guidelines - in addition to the conditions provided for in the Meridian registration informed consent (both this and the registration forms must be reviewed, accepted and signed before we can arrange for a housecall)

- We make no representations: and therefore we are limited in our clinical liability towards you as a housecall patient since this kind of encounter is usually not optimal nor complete. You will agree to NOT HOLD MERIDIAN or ITS DOCTOR(S) liable for opinions, diagnostic or therapeutic, provided based upon such consultations.
- Time it takes for us arrange housecalls may vary, you should understand there could be a delay for a response or to set up an appointment. Please let us know in case there is an urgency involved.
- Our obligation: our willingness to make a housecall does not imply our ability to continually do so. We reserve the right to refuse such visits if it is deemed by us to be not helpful to the patient or impractical or onerous to us. Also, our willingness to make a housecall does not imply in any capacity whatsoever that we are assuming primary responsibility for the patient nor do we imply availability to the patient at any time (eg nights, weekends and holidays etc) other than the occasion of the housecall, to respond to the patient's needs.
- Fees are charged based upon time and effort for all consulting activities and are defined below for housecalls. Insurance is NOT ACCEPTED and insurance forms will not be signed nor provided for housecalls. The general rate for the various kinds of work we provide is approximately \$480/hr, subject to modifications without notice based on complexity or liability of case. If concerned, you should inquire about the rate or fee prior to an appointment.
- Billing and Schedule of Fees: \$480 per hour inclusive of travel time from the physician's base (eg our office at 102E30th St., in Manhattan, New York City) and back, subject to modifications without notice based on complexity or liability of case.

Your signing below indicates that you have read, understood and agree with the above. You allow us to place and use your credit card on file for consult mode (retainer or non-retainer) as delineated above.

Above read & agreed (signature)

Date _____

(Printed Name: patient or guardian)