

Informed Consent and Retainer Information for International Consultations with Dr. Raymond Chang of Meridian Medical Group, New York

If you are an international patient and need to professionally consult Dr. Raymond Chang of Meridian Medical Group in New York, please register for the service as follows:

NAME _____ DATE OF BIRTH _____

ADDRESS _____

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

EMAIL _____

EMERGENCY CONTACT (Name and phone) _____

It would be 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 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 12-24 hours. Please let us know in case there is any urgency involved.
- **Fees:** There will be an initial non-refundable one year retainer of USD 5000 for us to accept an international case of which \$1250 is towards registration, initiation of your account ("account"), and initial review of a case. The balance (\$3750 or 5h) is to be charged against professional time/effort at a rate of up to USD 750 per hour as defined below. All service fees will be pro-rated in 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. This retainer is not deemed reimbursable by insurance and no insurance claim forms will be provided, submitted or provided. The retainer is not refundable under any circumstances unless we terminate your case on our initiation. The retainer is in effect for one year from the date you registered for the service. Any remaining balance will expire at the end of the one-year term and any remainder balance cannot be rolled-over or credited.
- **Accounting and Contact Information:** Professional services will be rendered based on conditions above. It may be necessary for you to annually renew this registration and/or periodically replenish your account in order 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 consult.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.

Above read & agreed (signature)

Registration Date

(Printed Name: patient or guardian)