iSpine Clinics

Interventional Spine and Pain Physicians
9645 Grove Circle North, Suite 200
Maple Grove, MN 55369
P: 763.201.8191
F: 763.201.8192

Authorization for Treatment, Assignment of Benefits, Release of Information

Authorization for Treatment: I consent to the rendering of medical care and treatment as INTERVENTIONAL SPINE AND PAIN PHYSICIANS (referred to herein as iSpine) medical staff consider to be necessary. I understand that no guarantee or assurance has been made as to the results that may be obtained.

Assignment of Medical Benefits: I authorize All Payers (including, but not limited to, Medicare, my insurance company or health maintenance organization, other payers, payer network organizations, including accountable care organizations, and their contractors and third party administrators to assign all medical and surgical benefits to which I am entitled, and I request payment of all such authorized benefits to be made on my behalf to iSpine for services furnished by iSpine.

I authorize iSpine to contact my Payer(s) to obtain all pertinent financial information concerning coverage and payments made under my health care plan(s) and for my payer(s) to release such information to iSpine.

I understand that I am financially responsible and agree to pay for any charges for the care and treatment rendered to me not covered by payers described above, or if I do not have active insurance coverage.

Authorization to Release Medical Information: I authorize iSpine to release all medical information related to my health care services provided by iSpine as necessary. This includes to payers for processing health care claims, the person(s) I designate as Guarantor for handling billing, payment, and health care coverage for my account, accountable care organizations and their contractors, regulatory agencies, public health agencies, or other persons or entities for health care operations, my other health care providers for treatment or payment purposes, as well as coordination of care.

Release & Retrieval of Information to/from Health Care Facilities, Pharmacy Benefit Payers & Providers:
I authorize the release or retrieval of my medical treatment information, including films, prescription medication history and other information related to such services for health care operations to or from third party pharmacy benefit payers, other health care facilities, and other providers who may be involved in my medical treatment.

Use of Phone (Voice/Text): I agree iSpine and its agents may use an automated telephone dialing system, pre-recorded messages, and texting, to contact the wireless and/or residential lines I provide to iSpine for appointment and payment purposes.

Notice of Privacy Practice: I acknowledge I have been presented with the iSpine Notice of Privacy practices, which can be viewed at: *https://ispinepainphysicians.com/wp-content/uploads/2021/01/Notice-of-Privacy-Practices_iSpine.pdf* *I can request a paper copy during my visit, or by calling 763-201-8191.*

I understand all of the above and I have had the chance to ask questions and all of my questions have been answered to my satisfaction. This consent does not expire until I revoke it and I understand that I must do so in writing. I understand that I have the right to revoke my consent at any time and that my revocation shall have no effect on any actions taken prior to revocation.

Patient's Name (printed)	Date
Signature of Patient or Parent/Legal Guardian	Relationship to Patient (if patient unable to sign)