

CASE REVIEW TERMS

ITEMS

1. I understand that the case review process is used to determine if I am a candidate for care.
2. I understand the case review process does not establish me as a patient under Dr. Miller's care, and there is no doctor-patient relationship or obligation.
3. I am aware that after the case review I may not be accepted as a patient.
4. I understand that the case review fee of \$300.00 is not refundable, even if I am not accepted as a patient.
5. I understand the case review process is a one-time service to review my case history and laboratory tests. No further service is provided with the case review fee.
6. I understand that all lab tests and history must be provided, at one time, for the case review process. Review of additional lab tests after the one time case review process is not permitted.

I have read, understand and accept the terms of items 1-6 as listed above.

Name (please print)

Signature

Date