STEVEN DWORETSKY, M. D.
PSYCHIATRIST
7600 EAST ORCHARD ROAD
SUITE 120 SOUTH
GREENWOOD VILLAGE, COLORADO 80111

TELEPHONE (303) 721-8821
FACSIMILE (303) 721-8820

Patient Agreement

I hereby authorize Steven Dworetsky, M.D. to release any medical or other information necessary to process my medical claim with my insurance company. I authorize payment to Steven Dworetsky, M.D. when he accepts assignment. I also authorize payment of medical benefits to Steven Dworetsky, M.D. for psychiatric services delivered to me.

Signed:____Date:____________

I understand that I am completely responsible for any and all medical claims unpaid by my insurance company. I also understand that Steven Dworetsky, M.D. and his staff will do whatever they can to try and get my medical claims paid by my insurance company. My signature indicates that this agreement can serve as a lien against any and all medical and/or legal settlements so that my outstanding medical claims with Steven Dworetsky, M.D. will be paid off.

Signed:____Date:____________

Cancellation for scheduled appointments must be made MORE than 24 hours in advance of any appointment. I understand that if I cancel my appointment with less than 24 hours notice, I will be personally and financially responsible for the full payment of that session.

Signed:____Date:____________

I understand that if I request Steven Dworetsky, M.D. to devote time on my behalf outside of regular office sessions to complete paperwork (letters, forms, reports), make phone calls (to contact agencies, lawyers, other medical providers, family members) or review materials, that I will be billed for his time.

Signed:____Date:____________