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*Sports, Spine and Electrodiagnostic Medicine*  
Diplomate, Board of Physical Medicine and Rehabilitation  
Diplomate, American Association of  
Neuromuscular & Electrodiagnostic Medicine  
Qualified Medical Evaluator

Susan G. Kritzik, M.D.  
*Physical and Occupational Medicine*  
Diplomate, Board of Internal Medicine

Carol Corley, N.P.



David F. Smolins, M.D.  
*Interventional Pain Medicine*  
Diplomate, American Board of Anesthesiology  
with added certification in Pain Medicine  
Qualified Medical Evaluator

Elaine S. Date, M.D.  
*Musculoskeletal, Spine and Electrodiagnostic Medicine*  
Diplomate, Board of Physical Medicine and Rehabilitation  
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Neuromuscular & Electrodiagnostic Medicine  
Qualified Medical Evaluator

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Date: \_\_\_\_\_

Patient Name (please print) : \_\_\_\_\_

The above named patient has received a copy of Remedy Medical Group's financial policy and the HIPAA privacy practice policy.

Patient has been informed that we cannot guarantee patients insurance will cover today's appointment. As a courtesy, Remedy Medical Group will bill patients insurance for amounts indicated on the financial policy. Workman's Compensation will be billed the entire amount. Patient will be responsible for any balance not covered by insurance.

\*There is a \$50.00 no show fee for all private insurance patients.

\*There is a \$100.00 no show fee for all EMG/NCV.

\*Workman's Comp. patients with excessive no-shows will be subject to discharge.

Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Or parent/guardian signature

Witness Signature : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_