

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

AUTOMOBILE NO FAULT OR LIABILITY INSURANCE INFORMATION

Patient name _____ DOB _____ Today's Date _____

Accident Information

Date of Accident: _____ Type of Accident: ___ Auto ___ Other

Please describe accident (if not auto) _____

Non-auto Accident Insurance Information

Name of Business or Property Owner: _____

Telephone Number: _____

Address: _____

Are you or a family member going to file a liability claim in connection with this injury? Yes ___ No ___

Complete this section if an auto, premises medical, or liability claim will be filed

Name of policy holder _____ Claim Number _____

Address of policy holder _____

Name of Insurance Company _____

Address of Insurance Company _____

Name of Patient's Legal Representative (if any) _____

Phone number of legal representative _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize payment of auto, premises medical or liability insurance benefits directly to FEIGENBAUM NEUROSURGERY, P.A. I consent to the release of information to the insurance company and to my referring physician.

Patient Signature Date

LIABILITY LIEN AUTHORIZATION

I grant Feigenbaum Neurosurgery, P.A., a lien on any and all claims, counterclaims, demands, suits, or rights of action for damages I may have, assert, or maintain against any third party who may have caused injuries for which Feigenbaum Neurosurgery, P. A., provided medical and health care services, for the cost of such services.

Patient Signature Date

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

FEE GUARANTEE AGREEMENT FOR KANSAS

TODAY'S DATE: _____

PATIENT: _____

DATE OF BIRTH: _____

TREATMENT DATES: _____

ACCIDENT DATE: _____

I, the above noted Patient, do hereby authorize and direct my present and any future attorney to honor this fee guarantee agreement. This agreement is made in favor of the above named Medical Provider and shall be termed a "Letter of Protection." The Letter of Protection shall serve to place a continuing lien on any proceeds I recover in any legal action related to the above noted accident date.

Consideration. In consideration of the medical treatment provided and time provided to pay for said medical treatment, I hereby grant a direct lien on any and all funds I may recover in any legal action related to the above accident date, subject to the prior obligation to satisfy any Medicare, Medicaid and other governmental authority or private third-party payer liens.

Protection of Outstanding Charges. The above named Patient hereby agrees that if s/he recovers any money from any person or entity in connection with any legal action related to the above noted accident date, the Patient shall withhold from those funds, money sufficient to pay the full outstanding balance of any bill(s) owed to the above named Medical Provider for treatment or any work completed in relation to the above noted accident date. Those funds shall be deducted prior to any other party removing funds for any reason, including but not limited to attorney's fees, costs, other court fees, or any other bill or lien whatsoever, except as set forth in this section below. Patient hereby directs their present and/or future attorney to pay said outstanding medical bill in connection with the above noted treatment. This agreement shall obligate each attorney who represents the above named patient in any way and recovers any funds related to the above noted accident date and creates a constructive trust with said attorney.

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

Notwithstanding the above provisions, Patient and Medical Provider understand that Medicare, Medicaid, and certain other governmental authority obligations to pay for Medical Provider's services may be secondary to the obligation to have such services paid from the proceeds of any liability settlement (and any additional private payer coverage that may be applicable). Accordingly, Patient and Medical Provider agree to protect Medicare, Medicaid, and other governmental authority interests under all applicable laws and regulations and recognize that this agreement is not an attempt to shift a healthcare burden to any such payers. Patient and Medical Provider understand and acknowledge Patient's responsibility to properly consider and protect any potential Medicare interests now and going forward and each recognizes that, if Medicare's interests are not properly considered and protected, the Centers for Medicare and Medicaid Services may be entitled to recover money directly from Patient as well as other remedies including the possible withholding of any Medicare benefits to which Patient may be entitled.

Patient and Medical Provider understand that, to the extent that Patient has health insurance through a private third-party payer, that payer may also require that any healthcare costs associated with the above-referenced accident be paid from the proceeds of any liability settlement. Further, Patient and Medical Provider understand that, as is the case with federal and state healthcare programs, the Patient's private third-party payer may pay for healthcare costs subject to an obligation to repay the insurer for such costs upon receipt of any settlement or award. Patient and Medical Provider agree that, to the extent that applicable private third-party payer guidance so instructs, Medical Provider's receipt of funds from any settlement or award in association with the above-referenced accident may be subject to Patient's primary obligation to repay the private third-party payer.

Patient and Medical Provider knowingly acknowledge and recognize that the warranties and representations in this section are a material and significant provision of this Letter of Protection.

Patient Responsibility. It is the Patient's responsibility to advise his or her attorney, and any opposing counsel, of the existence of this agreement. Further the Patient must advise the above named Medical Provider at reasonable intervals the status of the legal case. It is also

Date: _____
Patient Name: _____
DOB: _____

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

the Patient's responsibility to advise the Medical Provider within 5 days of legal matter collecting any funds and to request a bill for any and all outstanding charges. The Patient hereby directs their present attorney and any future attorney to advise the Medical Provider, as soon as possible, about any funds related to the accident case becoming available to the above named Patient. Further, if the legal action fails to fully pay the Medical Provider's outstanding balance(s) then the remaining amounts are to be paid by the Patient, subject to any prohibitions on patient balance billing that may be applicable under Medicare, Medicaid or other governmental authority statutory or regulatory requirements, and/ or subject to any private third-party payer guidance limiting the Medical Provider's reimbursement to that paid by the private third-party payer. The Medical Provider reserves the right to bill any third party payer or government payer in compliance with statutes, regulations and guidance applicable to the receipt of such payment.

Disputes. If there is a dispute over the Medical Provider's outstanding charges, the parties agree that this Letter of Protection shall be governed by and construed in accordance with the laws of the State of Kansas, without giving effect to its conflict of laws provisions. If the Medical Provider brings suit to collect said sums, Medical Provider shall then have the right to recover attorney fees and costs for bringing an action to enforce this particular provision.

Approval Required. This agreement becomes effective when the Patient signs the agreement below. This agreement does not need the approval of any present or future attorney for the Patient.

The parties agree that no party shall be considered the drafting party to this contract.

DATED: _____, 20__

PATIENT NAME

DATE OF BIRTH

PATIENT SIGNATURE

WITNESS SIGNATURE **DATE**

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

FEE GUARANTEE AGREEMENT FOR TEXAS

TODAY'S DATE: _____

PATIENT: _____

DATE OF BIRTH: _____

TREATMENT DATES: _____

ACCIDENT DATE: _____

I, the above noted Patient, do hereby authorize and direct my present and any future attorney to honor this fee guarantee agreement. This agreement is made in favor of the above named Medical Provider and shall be termed a "Letter of Protection." The Letter of Protection shall serve to place a continuing lien on any proceeds I recover in any legal action related to the above noted accident date.

Consideration. In consideration of the medical treatment provided and time provided to pay for said medical treatment, I hereby grant a direct lien on any and all funds I may recover in any legal action related to the above accident date, subject to the prior obligation to satisfy any Medicare, Medicaid and other governmental authority or private third-party payer liens.

Protection of Outstanding Charges. The above named Patient hereby agrees that if s/he recovers any money from any person or entity in connection with any legal action related to the above noted accident date, the Patient shall withhold from those funds, money sufficient to pay the full outstanding balance of any bill(s) owed to the above named Medical Provider for treatment or any work completed in relation to the above noted accident date. Those funds shall be deducted prior to any other party removing funds for any reason, including but not limited to attorney's fees, costs, other court fees, or any other bill or lien whatsoever, except as set forth in this section below. Patient hereby directs their present and/or future attorney to pay said outstanding medical bill in connection with the above noted treatment. This agreement shall obligate each attorney who represents the above named patient in any way and recovers any funds related to the above noted accident date and creates a constructive trust with said attorney.

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

Notwithstanding the above provisions, Patient and Medical Provider understand that Medicare, Medicaid, and certain other governmental authority obligations to pay for Medical Provider's services may be secondary to the obligation to have such services paid from the proceeds of any liability settlement (and any additional private payer coverage that may be applicable). Accordingly, Patient and Medical Provider agree to protect Medicare, Medicaid, and other governmental authority interests under all applicable laws and regulations and recognize that this agreement is not an attempt to shift a healthcare burden to any such payers. Patient and Medical Provider understand and acknowledge Patient's responsibility to properly consider and protect any potential Medicare interests now and going forward and each recognizes that, if Medicare's interests are not properly considered and protected, the Centers for Medicare and Medicaid Services may be entitled to recover money directly from Patient as well as other remedies including the possible withholding of any Medicare benefits to which Patient may be entitled.

Patient and Medical Provider understand that, to the extent that Patient has health insurance through a private third-party payer, that payer may also require that any healthcare costs associated with the above-referenced accident be paid from the proceeds of any liability settlement. Further, Patient and Medical Provider understand that, as is the case with federal and state healthcare programs, the Patient's private third-party payer may pay for healthcare costs subject to an obligation to repay the insurer for such costs upon receipt of any settlement or award. Patient and Medical Provider agree that, to the extent that applicable private third-party payer guidance so instructs, Medical Provider's receipt of funds from any settlement or award in association with the above-referenced accident may be subject to Patient's primary obligation to repay the private third-party payer.

Patient and Medical Provider knowingly acknowledge and recognize that the warranties and representations in this section are a material and significant provision of this Letter of Protection.

Patient Responsibility. It is the Patient's responsibility to advise his or her attorney, and any opposing counsel, of the existence of this agreement. Further the Patient must advise the above named Medical Provider at reasonable intervals the status of the legal case. It is also

Date: _____
Patient Name: _____
DOB: _____

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

the Patient's responsibility to advise the Medical Provider within 5 days of legal matter collecting any funds and to request a bill for any and all outstanding charges. The Patient hereby directs their present attorney and any future attorney to advise the Medical Provider, as soon as possible, about any funds related to the accident case becoming available to the above named Patient. Further, if the legal action fails to fully pay the Medical Provider's outstanding balance(s) then the remaining amounts are to be paid by the Patient, subject to any prohibitions on patient balance billing that may be applicable under Medicare, Medicaid or other governmental authority statutory or regulatory requirements, and/ or subject to any private third-party payer guidance limiting the Medical Provider's reimbursement to that paid by the private third-party payer. The Medical Provider reserves the right to bill any third party payer or government payer in compliance with statutes, regulations and guidance applicable to the receipt of such payment.

Disputes. If there is a dispute over the Medical Provider's outstanding charges, the parties agree that this Letter of Protection shall be governed by and construed in accordance with the laws of the State of Texas without giving effect to its conflict of laws provisions. If the Medical Provider brings suit to collect said sums, Medical Provider shall then have the right to recover attorney fees and costs for bringing an action to enforce this particular provision.

Approval Required. This agreement becomes effective when the Patient signs the agreement below. This agreement does not need the approval of any present or future attorney for the Patient.

The parties agree that no party shall be considered the drafting party to this contract.

DATED: _____, 20__

PATIENT NAME

DATE OF BIRTH

PATIENT SIGNATURE

WITNESS SIGNATURE **DATE**

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

WORKER'S COMPENSATION/AUTOMOBILE RELEASE

August 1, 2016

Dear Patient,

Feigenbaum Neurosurgery, P.A. has discussed with you on the phone our medical practice policy of not accepting Worker's Compensation and/or Automobile Injury patients.

We understand based on our conversation with you, that your possible diagnosis of symptomatic Tarlov cysts is not currently related to your filed Worker's Comp and/or auto claim(s).

Our medical practice policy requires that you agree, in writing, prior to scheduling your initial consultation, that any medical claims related to your medical visit for symptomatic Tarlov cysts, will not be included in any current or future Worker's Comp and/or auto claim(s).

When you return this signed document, we will schedule you for an initial consultation visit, for Dr. Feigenbaum to review your MRI and perform a physical examination. We will bill your commercial insurance for this consultation and any surgical treatments that may be medically necessary. In the event that your commercial insurance refuses to pay, then you will be responsible for medical services, as a self-pay patient.

Your signature is your acknowledgement that you have read and agree with Feigenbaum Neurosurgery's medical practice policy outlined in this letter.

If you have any questions, do not hesitate to call.

Sincerely,



Laura Abshire
Office Manager
Feigenbaum Neurosurgery, P.A.
214-351-8450 option 5

Main Office
9080 Harry Hines Blvd.
Suite 220
Dallas, Texas 75235
Phone: (214) 351-8450
Fax: (214) 366-3713

Feigenbaum Neurosurgery, P.A.
Frank Feigenbaum, M.D., FAANS
Specializing in spinal neurosurgery & the treatment of meningeal cysts
frankfeigenbaum.com

Kansas Office
12330 Metcalf Avenue
Suite 500B
Overland Park, Kansas 66213
Phone: (214) 351-8450
Fax: (214) 366-3713

WORKER'S COMPENSATION/AUTOMOBILE RELEASE

Date: _____

Patient Name: _____

DOB: _____

I, _____ (patient name), agree that I will not pursue worker's compensation and/or automobile liability claims before or after my services are rendered with Feigenbaum Neurosurgery, P.A. This includes any legal consultations such as depositions, IMEs, letters, or communications with any legal representation on behalf of the patient. Medical records will only be provided upon written request with patient's signed release.

I, _____ (patient name), agree that any medical services will be billed to my commercial insurance carrier. If my insurance company decides to deny services, I will be financially responsible and will be considered a self-pay patient. It is my responsibility to keep in contact with staff regarding any denied claims. If I do not have insurance, I will be self-pay, and a payment plan will be determined before services are rendered.

Your signature is acknowledgement that you have read and agree with Feigenbaum Neurosurgery's medical practice policy.

Patient Signature: _____

Date: _____

Witness Signature: _____

Witness Name: _____

Relation: _____

Date: _____