



## CONSENT FOR MEDICAL TREATMENT

I hereby authorize and request New Jersey Pain Care Center, PC to provide such medical care and administer such diagnostic and/or therapeutic procedures and treatments as in the judgment of the physician in attendance are deemed necessary and advisable.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

### AUTHORIZATION FOR RELEASE OF INFORMATION FOR INSURANCE BENEFITS

I hereby authorize and direct New Jersey Pain Care Center, PC, having treated me, to release to government agencies, insurance carriers, or others, who are financially liable for my care, all information need to substantiate payment for my care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

I understand that I am entering into a contractual relationship with New Jersey Pain Care Center, PC and the Physician for the professional care. I further understand that merit less and frivolous claims for medical malpractice have an adverse effect upon the cost of availability of medical care, and may result in irreparable harm to medical provider. As additional consideration for professional care provided to me by New Jersey Pain Care Center, PC and the Physician, I and/or my representative agree not to advance, directly or indirectly, any false, merit less, and/or frivolous claim(s) of medical malpractice against New Jersey Pain Care Center, PC and the Physician.

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I and/or my representative agree to use ABMS board-certified expert medical witness(es) in the same or similar specialty as the Physician. Furthermore, I agree that these expert witnesses will adhere to the guidelines and/or code of conduct defined by the specialty society(ies) for expert witnesses in the area(s) of medicine that would typically have the background and experience to opine on such a case.

Finally, you (the patient) agree that counsel for the Physician shall have the right to be free to depose such expert witnesses at least 120 days before any scheduled trial date. In consideration for this, (the Physician) agree to the same stipulations.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Patient