

Contract for Medical Services

Date _____

This contract is between the patient _____, hereinafter referred to as 'The Patient', and _____, hereinafter referred to as 'The Provider'. This contract covers the services provided on the date of the Medical Service Provision with the Provider listed above, and to no further dates.

This contract itemizes the services to be performed and billed by the Provider. Any items not listed below are not agreed to by the patient and shall not be performed or billed for, unless, in the course of medical attention, the patient happens to be found to be in immediate threat to life (there is a life threatening emergency). If the Medical Provider wishes to perform any additional work, they should be itemized below and each item signed off on by patient. This constitutes the complete list of work agreed to between the Patient and the Provider on the date of Service listed above, except in the case of immediate life threatening emergency to the Patient.

| Item Description | Provider Billing Code | Patient Signature |
|------------------|-----------------------|-------------------|
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Medical Provider Representative (print)

Title

Signature

Date

Patient

Signature

Date