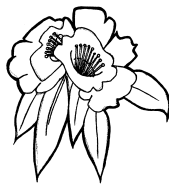


Pratistha Strong, D.O.
Kathmandu Clinic
111 Prospect Ave., Ste 202D
Kirkwood, MO 63122



918-814-3996
pratistha.strong@gmail.com
www.DoctorPStrong.com

Patient Agreement

General Consent: I hereby authorize Dr. Pratistha Strong of Kathmandu Clinic to render medical evaluations and care for the patient, which is myself, my minor child, or other dependent for which I am signing.

Guarantee: Dr. Pratistha Strong of Kathmandu Clinic will do her best to help you improve your health and well-being. However, I acknowledge that no guarantees or warranties have been made to me with respect to treatment or services to be provided at Kathmandu Clinic.

Financial Agreement: I hereby agree to pay Dr. Pratistha Strong of Kathmandu Clinic a fee for service rendered at the time of visit. I understand that this fee is not reimbursable by Medicare. I understand that, with the exception of Medicare, I may personally submit other charges incurred, such as lab work, immunizations, imaging, and other services ordered by Dr. Pratistha Strong, to my insurance company for reimbursement or application to my deductible. Dr. Pratistha Strong may provide a Superbill to the patient upon request to submit to your insurance company.

Medicare Patients Only: I understand that Dr. Pratistha Strong of Kathmandu Clinic has opted-out of Medicare. In order for you to see an opted-out physician, Medicare requires a private contract between you and your physician stating that you understand that the physician will be not be reimbursed by Medicare, and that you agree not to submit charges to Medicare for reimbursement. However, lab work, immunizations, imaging, and other services ordered by Dr. Pratistha Strong to be done at outside facilities will be covered by Medicare, if they deem it medically necessary. You will receive a formal contract at your first visit and it will be renewed annually.

Electronic Communications: I understand that I may communicate with Dr. Pratistha Strong of Kathmandu Clinic electronically, and in turn, she may communicate with me in the same manner. This usually includes e-mail and texts. This could also include other forms of electronic communication as requested by the patient. It is your responsibility to keep your phone, e-mail, texts, and other forms of electronic communication secure and private.

_____ Date _____
(Signature of Patient or Patient's Legal Representative)

(Printed Name of Patient or Patient's Legal Representative)