CRPS AND NEUROPATHIC
PAIN CENTER OF AMERICA

As a patient receiving scrambler therapy (ST), provided by Dovie McVean MS, PA-C and Robert Myles MD, I freely and voluntarily agree to the terms and conditions of this treatment contract, including the fee schedule, as follows. The patient (or patient's legal guardian if a minor) is ultimately responsible for paying for the treatment and care that we deliver.:

- $300.00 fee for initial evaluation & management office visit including medical exam, detailed explanation of ST process, and a development plan and outlining of the patient treatment regimen.
- $300.00 Fee for each ST treatment. ST may not be covered by your insurance.
- It is my (the Patient) responsibility to file with my health insurance to receive compensation for charges incurred during my treatment.
- If paying with a credit card, a 3% credit card processing fee will be added to my charges. For return checks, there will be a charge of $45 for insufficient funds. Zelle as another form of payment accepted.
- I fully understand that I am solely responsible for payment on the day of services for each ST treatment and any other medical services that my health insurance may not cover or approve.
- I hereby authorize CRPS and Neuropathic Pain Center of America to release my ST medical records to my private healthcare or work compensation insurance and to my multidisciplinary healthcare providers.

I understand and agree that I am personally financially responsible for charges not covered by my insurance period I have read, understanding and agreed with the policies and terms listed above.

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Signature or Guardian Signature Date