



A SUBSIDIARY OF KINPEL MEDICAL, PC

Patient Contract

On behalf of the entire SpinaTherapeutics™ team, I would like to personally welcome you aboard as a new patient in our IDD therapy protocol program. Personalized physician care is one of our many goals and we hope to maintain this relationship to your satisfaction.

Our services may be covered by your insurance provider. We will gladly provide you with the forms and documentation necessary for reimbursement from your carrier.

Patients must understand and agree to the following terms prior to being accepted into the IDD program:

1. Financing options are available and will be discussed at screening.
2. It is imperative that all prior diagnostic testing including MRI scans and results be made available for review, prior to enrollment.
3. Patients must consent to attend *all* prescribed therapeutic sessions, usually consisting of 20 or more consecutive visits. Failure to present for your scheduled appointments in a timely manner will result in a cancellation of your contract without a refund.
4. Referrals for screening may be accepted from patients' private physicians. As such, it is the responsibility of the patient to bring accompanying diagnostic workups including MRI's of the spine if available.
5. For patients with ongoing ailments, striving for healthy living and welfare is only achievable with compliance with recommended physician care and treatment.
6. Certain diseases are *incurable*, and as such, we will provide the very best care possible according to current standard medical guidelines.
7. Patients must meet the inclusion criteria set forth before they can be enrolled into the program.
8. No emergent life threatening conditions will be treated in this office setting. Emergent referral to the emergency room or higher-level care center is the standard of care regarding such situations. Failure to follow this requirement will result in termination from the program without a refund.

9. Management reserves the right to amend this contract from time to time as the need arises.

10. Patients are required to adhere strictly to the IDD therapy protocol. Failure to do such will result in termination from the program without a refund.

David Akinpelu, MD
Medical Director

Signature of patient (or responsible party if a minor)

Date

Printed name of patient