



Eden Wheeler, M.D.
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Workers Compensation Signature on File

I authorize examination and/or treatment by Dr. Eden Wheeler of PrimeCare Consulting, LLC.

I authorize release of information to all my insurance companies.

I authorize my doctor to act as my agent in helping me obtain payment from my insurance companies. In doing this, I authorize payment directly to my doctor.

I permit a copy of this authorization to be used in place of the original.

Copies of your medical records are automatically forwarded to your work comp carrier, and/or case manager. We may also forward reports to other providers involved in your care. Due to the high costs of handling these records, if you would like a copy of these records, we do charge a fee. The maximum fee charge will be in accordance with the rules of the state in which your injury/claim is being processed, and the date of your request. The fee must be prepaid by check, cash or money order prior to your request being processed. The records will be mailed to your home address. If you prefer not to pay for these records, please request a copy from your work comp carrier.

We reserve the right to discharge any patient from this practice at any time for failure to comply with treatment recommendations or office policy responsibilities. We will suggest referral options in this event.

In addition, we ask that you be at the office no later than your scheduled appointment time. We make every effort to stay on schedule to minimize your wait, and would appreciate you helping us minimize the wait of patients scheduled after you.

I HAVE READ THE INFORMATION ON THIS PAGE AND I HEREBY AGREE TO THE POLICIES DESCRIBED ABOVE.

Name: _____
Please print

Signature: _____

Date: _____

Treatment rendered under worker's compensation is NOT covered under the Health Insurance Portability and Accountability Act (HIPAA).