MultiDisciplinary Care Association (MDCA) Intake/Policies Date_____

FirstName_____M.I.____LastName_____ Birthdate_____/_____/_____

E-mail _____ Phone 1: (_____)_____Phone 2: (_____)_____

Address_____City_____State_____Zip_____

Marital Status (S W M D) Spouse's Name_____ # of Children_____ Sex (M F)

Occupation_____Employer_____Person Responsible for this Account_____

Person to Contact in Case of Emergency – Name _____
Relationship to Patient _____ Phone _____
Other Physician's Name _____ Phone _____

Dear MDCA Client: Please read the following carefully and sign below before your evaluation or treatment can begin:
1. Cancellations and Missed Appointments: If you find that you cannot make your appointment as scheduled, please call us as soon as possible. We do have voice mail (Dr. T's assistant - 612-870-2974), so you may leave a message.
2. Payment: All services must be paid for on the day of service. We accept cash, Credit Card, and checks payable to "MDCA." We cannot file any insurance claims for you, nor can we communicate with any insurance company on your behalf. That would require additional staff, increasing the cost of care. We will not provide you with itemized statement of charges or payments; To assist you with your tax deductions or your Medical Savings Account or similar pre-tax "cafeteria plan," the doctor will be happy to sign a Prescription for recommended lab tests (where relevant) or desired health-enhancing products (air purifier, Hyperthermia table, Infrared Sauna, SafeCoat Paints & Sealants, Organic Cotton bedding / clothing, SAD lamps, Orthotics, EMF filters, Supplements/Medical Foods, etc.). Lab fees don't include the visits needed for interpretation and recommendation.
3. Upsets: We are here to serve you. Please speak with Dr. T about any upsetting matters without delay, to address valid grievances. Your constructive comments aid us in helping you and others more efficiently and compassionately.
4. Skin Lesion Nutritional Treatment: Your signature below constitutes informed consent, signifying that you have read the relevant Skin Treatment flyer and understood all of its content, including your express understanding that every person responds differently to therapy and that some treatments may **not** result in 100% satisfaction. This is rare, and although the results are better and safer than any alternate treatment currently available, perfection is not always possible and you acknowledge this fact before the treatment. Particularly, some lesions are oily or their pigment is deeper, requiring a second or (rarely) third application within 3-24 months. Some solar-radiation lesions may have deeper roots that should be eliminated, resulting in potential mild scars that may take 6 months or more to improve in a satisfactory manner. Torso lesions/birthmarks will take 6-12 months to fade away after they fall, a mild mark may remain. Every effort will be made to provide the safest treatment with the best end-results for the type of lesion treated.
5. Dr. T's Skin Treatment Guaranty consists only of repeated needed evaluations and re-treatments of lesions that were previously treated, FREE OF CHARGE FOR LIFE, as indicated for health or for cosmetic reasons. No refunds! All the income from this treatment is donated to humanitarian projects and no funds will remain for personal use or refunds.

I have read, understood, and agree with the above policies and statements. I am personally responsible for all fees charged by MDCA/Dr. Tel-Oren for his time and services, and for all SEPARATE (additional) laboratory service fees.

_____ _____ _____ _____
Patient or responsible party Date MDCA Representative Date

Total Charge Initial Visit:_____ Description:_____

Form of Payment:_____
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Receipt: For Services Provided By MDCA / Dr. Tel-Oren on the Date of _____, the amount of

_____ Has Been Paid By _____.

Payment Form: _____ Balance: _____Signature: _____