



INFORMED CONSENT FOR IRREVOCABLE NON-ASSIGNMENT

I, _____, hereby understand and consent for Dr. Sayed to provide care for me, as explained to me in additional informed consent documents.

I understand the procedure(s) I seek are primarily cosmetic in nature, not medically necessary, and therefore would be fraudulent and unethical for Dr. Sayed to submit a fee to any insurance company for coverage. I have been explained and shown the financial costs of having Dr. Sayed provide surgical care for me and accept these terms. I further understand that Dr. Sayed will not accept insurance for this (these) procedure (s). My consent to have Dr. Sayed provide care and not accept assignment from any insurance company, managed care provider, or other coverage source is irrevocable and final. I understand I will be fully responsible for all of the surgical fees for the surgery I seek.

Patient

Date

Witness

Date