

# McDONAGH MEDICAL CENTER

2800-A Kendallwood Pkwy, Kansas City, MO 64119 816-453-5940

E.W. McDonagh, D.O., ACPG Charles J. Rudolph, D.O., Ph.D

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*Nutrition Allergies Family Practice Degenerative Disease Preventive Medicine Metabolic Disorders*

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"I, \_\_\_\_\_, SSN: \_\_\_\_\_ hereby acknowledge by this statement that I have been fully informed that some and perhaps all of the medical services provided at McDonagh Medical Center on or after this date may be "Non-Covered" services and not considered reasonable and necessary under the Medicare program and/or other Medical Insurance. I realize that my insurance coverage and/or Medicare, will deny payment for such service as not medically necessary and/or a non-covered service. I will be personally responsible for payment to McDonagh Medical Center for all such services and procedures.

Services may include any or all of the following:

X-Rays	Hair Analysis
Plethysmography	Cytotoxic Food Testing
Bone Densitometry	Blood Tests
Hyperbaric Oxygen Therapy	Candida Skin/Blood
EKG	Reconstructive Injections
Spirometry	Treadmaill
	Allergy Testing

I hereby understand and agree to the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Chelation Therapy

"I additionally understand that I am embarking on a series of EDTA Chelation Therapy treatments which will be administered on an intermittent basis from the date of this signature to the completion of the chelation therapy program. During this time, I may also receive certain injectable medicines in conduction with my treatments which may include but are not limited to GH-3, Vitamin B12, Lasix, Histamine, Glucagon, and Adenosine.

I also understand that I am fully responsible for any and all expenses incurred by me to McDonagh Medical Center

I hereby understand and agree to the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_