

# Consent of Treatment

## Acknowledgement of Notice of Privacy Practices

### Consent to Treat and Insurance Assignment of Benefits

- I, or the undersigned acting on behalf of the patient, consent to medical care and treatment including but not limited to: diagnostic procedures, medical examinations, and/or treatments by my attending physician(s), their assistants or designees, and/or allied health professionals.
- I assign to Midwest Allergy and Asthma Clinic, P.C., subject to acceptance, all right, title to, and interest in benefits payable. I authorize direct payment of all health insurance benefits to Midwest Allergy and Asthma Clinic, P.C. I agree to pay Midwest Allergy and Asthma Clinic, P.C. for charges not paid pursuant to this assignment.

### Financial Agreement

- I understand that by signing below, I will be responsible for any balance due to Midwest Allergy and Asthma Clinic, P.C. that is not covered under my insurance policy. Example: copays, deductibles, coinsurance, and non-covered procedures. If I do not provide insurance, I will be responsible for the full balance. Unpaid and past due balances may result in discontinuation of care.

### Receipt of Notice of Privacy Practices

- I have received or been offered a copy of Midwest Allergy and Asthma Clinic, P.C.'s HIPAA compliant Notice of Privacy Practices.

I have read, fully understand, and agree to the above information:

\* **Patient** or the **parent/guardian accompanying the minor or incapacitated adult** is to complete this form. There must be a waiver on file to accompany a minor that is not your child.

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

Print Name: \_\_\_\_\_ Responsible Party DOB: \_\_\_\_\_

Responsible Party Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Party Phone: \_\_\_\_\_ Responsible Party SSN: \_\_\_\_\_

Responsible Party Place of Employment: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Patient Name (if minor or incapacitated adult): \_\_\_\_\_ Patient DOB: \_\_\_\_\_