

7215 Old Oak Blvd. #A-414
Middleburg Hts, OH 44130



Phone: (440) 816-2776 Fax: (440) 816-2709

3865 Rocky River Dr. #4
Cleveland, OH 44111

CONSENT FORM

I consent to treatment by my attending physician and/or such physicians and assistants as may be selected by him/her to diagnose and treat the condition or conditions from which I am suffering by such means including diagnostic exam/testing and in-office procedures as he/she believes indicated by his/her studies in my case.

I authorize Premier Physicians Centers to submit any and all health care information, which may include drug and alcohol history and HIV status to my health insurance program for their review and payment. I understand that it is my responsibility to know the benefits of my insurance plan. I also understand that some services, tests or consultations may not be covered by my insurance plan and that I am financially responsible for any services that are not covered by my benefit plan, including denials for failure to obtain prior authorization or referral.

I understand that co-payments are due at the time of service.

By signing below, I am also verifying that I have legal authority to authorize medical treatment as well as authorize payment to be made to Premier Physicians Centers by my insurance carrier.

Signature of Patient or Legal Guardian

Date

Printed Patient's Name

Witness