

Oakwood Family Care

Consent to Treatment

Health and Accident insurance policies are a contractual arrangement between the insurance carrier and the insured. It is the responsibility of the insured to verify eligibility for health care benefits. Possession of a medical insurance member ID card is NOT a guarantee of coverage. As a courtesy to you, we will gladly submit your medical bill to your insurance carrier.

1. Divorced Parents: We do NOT bill second party. The parent/legal guardian bringing the child to your facility will be responsible for required co-payments, deductibles etc. at the time of service.

2. NOTICE: ANYONE UNDER THE AGE OF 18 WILL NOT BE SEEN WITHOUT A PARENT OR GUARDIAN PRESENT UNLESS YOU ARE AN EMANCIPATED MINOR OR HAVING A CURRENT TREATMENT OF CONSENT SIGNED BY THE PARENT/GUARDIAN ON FILE WITH OUR OFFICE.

3. TREATMENT OF CONSENT: By signing below I hereby consent and give my permission to the doctor (and the doctor's assistants or designated replacement) to administer and perform such procedures upon me, as the doctor deems necessary.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.

Signature of Patient/Guardian/Parent

Date

Please Print Patient/Guardian/Parent

Relationship to Patient