



Patient: _____

Date of Birth : _____

~Consent for Treatment~

The patient agrees and consents to general medical treatment by TexomaCare professionals and understands and consents to the review and use of his/her medical records which includes the history from RXhub by any TexomaCare physician.

~Understanding of Financial Responsibility~

All professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance carrier payments. However, it is understood and agreed to that the patient is responsible for all fees, regardless of insurance coverage. It is customary to pay for services when rendered unless other arrangements have been made in advance.

~Insurance Authorization and Assignment of Insurance Benefits~

I hereby authorize TexomaCare to furnish information concerning my medical condition and treatment thereof to insurance carriers. I also assign insurance benefits paid on my behalf by any and all insurance companies that cover the expenses I incur as the result of any diagnostic services or treatment provided to me by any TexomaCare physician or extender. I further understand and agree that this agreement remains in force until revoked by me in writing.

~HIPAA- Notice of Privacy Practices~

This notice describes how medical information about the patient may be used and disclosed and how I can get access to this information. Per my signature below, I acknowledge that the TexomaCare Notice of Privacy Practices has been provided to me if requested.

Address: _____ **City/State** _____

Phone Number: _____

Signature: _____

Date: _____