DREAMWEAVER MEDICAL ASSOCIATES

Consent for Medical Treatment
Financial Agreement/Assignment of Benefits

Consent for Medical Treatment:

- The undersigned hereby consents to the administration performance of diagnostic procedures and treatments, which, in the judgment of Dreamweaver Medical Associates may be considered necessary advisable.
- The undersigned further agrees that if they decide to leave the practice without the written consent of the physician, they shall be totally liable for the consequences of such a decision.

Financial Agreement:

- I hereby agree to pay any and all charges for myself and members of my family, as shown by statement received, promptly and upon presentation thereof, unless credit arrangements are agreed upon and executed in writing.
- Charges for services rendered by Dreamweaver Medical Associates are agreed to be correct and reasonable.
- It is further agreed that payments will not be delayed or withheld because of any insurance coverage or the pendency of claims thereof.

Assignment of Benefits:

I authorize my health insurance company to pay **Dreamweaver Medical Associates** directly, the medical and surgical expense benefit allowable and otherwise payable under my current health insurance policy as payment toward the total charges for professional services rendered.

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Print name of patient Date

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Signature of patient, parent or guardian

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Witness signature (Staff Only) Date

Revised 01/09/2009