Consent to Treat

1) I __________________________ give permission for Premier Health Express to give me medical treatment.

2) I allow Premier Health Express to file for insurance benefits to pay for the care I receive.

I understand that:

- Premier Health Express will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or if I don't have insurance.

I understand that:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all of my medical treatments with my clinician.

__________________________________ ________________

Patient or Parent/Guardian Signature Date

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Printed Name