

**General Consent to Treat/Patient Authorization/
Acknowledgement of Benefits Release**

The following are the conditions for services provided by **First In Flight Neurology** for the patient whose name appears at the bottom of this page.

Consent for Medical Treatment

I/we voluntarily consent to medical treatment and diagnostic procedures **First In Flight Neurology** and it's associated physicians, clinicians and other personnel. I/we consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I/we am/are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees have been made as to the result of treatments or examinations.

Assignment of Insurance Benefits

I/we guarantee payment of all charges made for or on account of the patient and I/we assign our rights in any insurance benefits or other funding to the physician and **First In Flight Neurology**. I/we understand that I/we am/are responsible for any charges not covered by insurance or other forms of benefits. I/we understand that **First In Flight Neurology** can obtain my/our credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collections or collected, I/we shall pay all collections fees and cost, including reasonable attorney's fees. For Medicare beneficiaries: I/we have provided all necessary information for proper assignment of Medicare benefits.

Date

Signature of Patient/(Parent, Guardian or Legally Authorized Representative)