

CONSENT FOR TREATMENT

I; the undersigned, a potential patient in this office hereby authorize Florence Spine and Nerve and whomever she may designate as her assistants to administer treatment as necessary, including, but not limited to, an examination, x-rays, if deemed necessary, and any treatments advised by the doctor I choose to receive in my report. I also certify that no guarantee or assurance has been made in the results that may be obtained.

Patient's Signature _____ Date _____ Witness _____

REQUEST FOR PAYMENT OF BENEFITS TO PROVIDER OF CARE

I hereby authorize the/any _____ Insurance Company/Insurance Administrator to pay by check and for it to be mailed directly to Florence Spine and Nerve, the expense benefits allowable, and otherwise payable to me under my current policy, as payment toward the total charges for professional services rendered, and I have agreed to pay, in current manner any balance of said professional charges.

Patient's Signature _____ Date _____ Witness _____

ATTORNEY REPRESENTATION AND PROTECTION OF BALANCE

I, the undersigned patient am directing my attorney _____ to pay any outstanding bills out of my settlement to Florence Spine and Nerve, and in effect protecting any such balance. I fully understand that I am directly responsible for all the medical bills and this agreement is made solely for the doctor's additional protection and consideration of awaiting her payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee. I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment and will require me to make payment on a current status.

Patient's Signature _____ Date _____ Witness _____

CONSENT FOR TREATMENT OF A MINOR

I hereby authorize Florence Spine and Nerve and whomever she may designate as her assistant(s) to administer health care as she deems necessary to my _____ (indicate relationship of child).

Minor's Name _____ Guardian's Name _____
Date _____ Witness _____