Premier Plastic Surgery & Dermatology Associates

Consent for Treatment

I hereby authorize all medical treatments that may be considered advisable or necessary in the judgment of the provider.

Signature: _____ Date: _____

As a minor, I give authorization for evaluation and treatment without the presence of my parents or my guardian.

Signature: _____ Date: _____

Authorization for Release of Information

I hereby authorize Premier Plastic Surgery & Dermatology Associates to release information requested by my insurance company or Worker's Compensation carrier.
I also authorize Premier Plastic Surgery & Dermatology Associates to release information to any hospital or physician that I may be referred to by this office, as allowed by the HIPPA guidelines.

Assignment of Benefits

I hereby authorize assignment and payment directly to Premier Plastic Surgery & Dermatology Associates, Christopher Reeder, DO any medical benefits due for services. I HEREBY AGREE TO PAY ANY AND ALL CHARGES THAT EXCEED OR THAT ARE NOT COVERED BY INSURANCE. IF ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO A LICENSED COMPANY FOR COLLECTION, I SHALL BE RESPONSIBLE TO PAY REASONABLE COLLECTION AND ATTORNEY FEES.

Signature: _____ Date: _____

Health Information Privacy Practices Acknowledgment

I wish to be contacted in the following manner (check all that apply):

Home Telephone: Leave message ___ with detailed information ___ with call back information
Work Telephone: Leave message ___ with detailed information ___ with call back information
Written communication: ___ Mail to home address ___ Fax to: _____

I hereby give my permission to Premier Plastic Surgery & Dermatology Associates to disclose information regarding my treatment to:_____ Relationship:_____
Physician: _____ Phone:_____
Address: _____
In signing this release, I authorize my medical records be faxed or mailed upon my request.

Name: _____ Birth date: _____

Signature: _____ Date: _____

Upon request, a copy of our Notice of Privacy Practices will be provided for your review.