



Phoenix Integrative Medical Center, PLLC

www.phoenixintegrative.com

**Consent to Treat & Financial Responsibility**

I hereby authorize employees and agents of Phoenix Integrative Medical Center (including physicians, physician assistants, and nurse practitioners and other employees and staff members) to render medical evaluations and care to the patient indicated below.

The duration of this consent is indefinite and continues until revoked in writing. I understand that by not signing this consent, the patient will not be provided medical care except in a case of emergency.

I hereby authorize and assign payment of medical benefits directly to Phoenix Integrative Medical Center, (hereinafter "PIMC"). I authorize medical information needed to determine these benefits or the benefits payable for the related services to be released to the insurance company and its agents.

I understand that even though I have some type of insurance coverage, I am responsible for the payment and it is due upon request. I further understand that should my account become delinquent, I shall pay the reasonable attorney fees or collection expense of PIMC, if any, including but not limited to, a collection fee of up to 25% of the debt should my account be assigned to a collection agency for collections.

I have been instructed here to review PIMC's Patient Financial Policies and Rights and Responsibilities. The duration of this consent is indefinite and continues until revoked in writing. I understand that by not signing below that I am responsible for payment of services in full before services are rendered.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date