

Perry Family Practice

Jody S Velie, MD
Ally Rodgers, FNP-C
Holly Lavender, FNP-C
1016 Keith Drive, Perry, GA 31069
478-988-1515

CONSENT TO TREATMENT

I hereby authorize consent to such care, examinations and treatments including, but not limited to, any medical care or treatment, examinations, diagnostic procedures/tests and the performance of laboratory tests, including for screening purposes, that may be considered necessary or advisable based on the judgement of the physician or their assigned designees.

ASSIGNMENT OF INSURANCE BENEFITS AND PAYMENT GUARANTEE

In consideration of services provided, I hereby assign and transfer to Perry Family Practice, LLC any and all rights, which I have against insurance companies or third party payers, for payment of charges for services provided by Perry Family Practice, LLC to me or to one of my dependents. I authorize said payments to be applied to any unpaid balance for which I am responsible. I understand that I am responsible for and will pay the portion of my bill not covered by insurance companies or third party payers. I agree to pay the account in full upon receipt of my billing statement unless payment arrangements are made with Perry Family Practice, LLC. If my account is placed with a collection agency, I agree to bear the cost of collection and/or court costs and reasonable legal fees, should this be required. It is our policy that any insurance co-pays and deductibles or any balance of a bill owed by those without insurance is due at the time of service.

TCPA CONSENT – MEDICAL

You agree, in order for Perry Family Practice, LLC to service your account or to collect any amounts you may owe, our organization’s representatives, ancillary providers, HIPAA business associates, vendors, and the representatives of our debt collection agency, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Our organization’s representatives, ancillary providers, HIPAA business associates, vendors and the representatives of our debt collection agency may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. I have read this disclosure and agree that the Lender/Creditor, its ancillary providers, HIPAA business associates, vendors, and its debt collection agents may contact me as described above.

A photocopy of this consent shall be considered as valid as the original.

This consent will remain in full force until revoked in writing.

I HAVE READ THE FOREGOING CONSENT TO TREATMENT, ASSIGNMENT OF INSURANCE BENEFITS AND PAYMENT GUARANTEE AND TCPA CONSENT. I AM AWARE OF THE CONTENTS OF EACH AND FULLY UNDERSTAND EACH.

Borrower/Patient Signature

Date

Printed Name

DOB