Patient Acknowledgement and Consent

Patient Name _____ Date of Birth _____

I hereby agree and give my consent to medical treatment regarding my physical condition. I authorize the release of any medical information needed to process my claims. I hereby assign benefits to SCORE, LLC. I understand that I am responsible for any charges that are not covered by my insurance carrier. Furthermore, I understand that I am responsible for notifying SCORE, LLC if any changes occur in my insurance coverage/benefits. A photocopy of this assignment is considered valid as the original.

I hereby acknowledge that I received a copy of SCORE, LLC's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal law.

Patient Signature _____ Date _____
(under 18 years of age parent/guardian signature)

For Minor Patient:

I hereby allow my child to be treated at SCORE, LLC without my presence.

Signature _____ Date _____

Relationship to Patient _____