



mid-atlantic
family practice

**Authorization for Treatment and Financial Agreement
Acknowledgement of Receipt of Privacy Notice**

I hereby apply for treatment by **Mid-Atlantic Family Practice's** providers and/or their assistants. Such treatment may include medications, injections, x-rays, and other office procedures as they deem medically necessary.

Further, I authorize the filing of any and all insurance claims in-force, and request direct payment to **Mid-Atlantic Family Practice, LLC** of any amounts due. I understand that I am financially responsible for all charges not covered by my benefits and accept full responsibility for such charges. Regulations pertaining to medical assignment of benefits apply. I also understand that should my insurance plan require a copay, I am required to pay it on the day of service. Furthermore, if Mid-Atlantic Family Practice does not participate with my insurance plan or I am a self-pay patient, I am required to pay all charges on the day of service.

I further acknowledge that I have been offered a written copy of Mid-Atlantic Family Practice's **Notice of Privacy Policies** detailing how my information may be used and disclosed as permitted under federal and state law. I understand my rights as described in this notice. I also acknowledge that I received a copy of Mid-Atlantic Family Practice's **Payment Policy**.

Finally, I permit a copy of this authorization to be used in place of this original.

If I do not sign this consent, or later revoke it, Mid-Atlantic Family Practice may decline to provide treatment to me.

Patient Name: _____

Signature: _____

Date: _____

If not patient, name of legal guardian: _____

Relationship: _____

Internal Use Only:

If patient or patient's representative refuses to sign the Authorization for Treatment and Financial Agreement / Acknowledgement of Receipt of Privacy Notice, please document date and time the notice was presented to patient and sign below.

Presented on (date & time): _____

By (name & title): _____