

Hendersonville OB-GYN Associates, P.A.

27 Doctors Drive
Hendersonville, NC 28792
Phone 828.687.3800
Fax 828.687.1814

CONSENT FORM

CONSENT TO TREAT

1. I give my permission for Hendersonville OB-GYN Associates, P.A. to give me medical treatment to include one year from this date.
2. I understand:
 - I have the right to refuse any procedure or treatment.
 - I have the right to discuss all medical treatments with my provider.

HIPAA COMPLIANCE AGREEMENT

3. I have been presented a copy of HIPAA Policies and Procedures.

FINANCIAL OBLIGATIONS

4. I understand that Hendersonville OB-GYN Associates, P.A. will file my claims to my insurance company (if applicable). I also understand that I am responsible for copayments, coinsurance, deductibles, self-pay balances, and non-covered services at the time in which they are rendered.

SCHEDULED APPOINTMENTS

5. I understand that I must give a 24 hour notice when cancelling my appointment(s).

MEDICATION REFILL REQUESTS

6. I understand that Hendersonville OB-GYN Associates, P.A. will review and refill necessary medication refill requests within 48 business hours. I will make every effort to call in needed medications before I run out.
7. I understand that I may be referred to a Pain Management Clinic to manage my medication needs.

AUTHORIZED STATEMENT/SIGNATURE

I understand the policies and procedures set forth by Hendersonville OB-GYN Associates, P.A. and understand that my failure to comply with these policies may result in a termination from this practice.

Patient's Name (Printed)

Date

Patient/Guardian Signature

Date