



**NASH HEALTH CARE**  
*It's all about how we treat you*

**PLEASE PRESENT YOUR INSURANCE CARDS TO THE CLERK WHEN YOU HAVE COMPLETED THIS FORM. IF YOU HAVE INSURANCE WE WILL GLADLY PROCESS YOUR CLAIM. HOWEVER, THIS DOES NOT RELIEVE YOU OF THE RESPONSIBILITY FOR YOUR BILL.**

**CONSENT FOR MEDICAL TREATMENT**

I do hereby voluntarily consent to care encompassing routine diagnostic procedures and medical treatment by the Nash Neurosurgery physician(s) and such assistants as are necessary in judgment of such Nash Neurosurgery physician.

**AUTHORIZATION FOR REALSE MEDICAL INFORMATION**

I hereby authorize payment directly to Nash Neurosurgery, if any, otherwise payable to me. I authorize release of any information accrued during the course of my treatment necessary to process insurance claims. Nash Neurosurgery may also release or disclose all of any part of such Patient's records to any physician or medical institution that has had any part in the Patient's medical care or may treat the Patient at any future date. I realize that I am responsible for payment of my account regardless of any insurance coverage I may have and in the event that costs and/or fees are incurred in collection of my account, I will pay all such costs and fees, including collection costs, attorney's fees, and all court costs and that I may be dismissed from the medical practice as a patient.

**FINANCIAL RESPONSIBILITY**

In consideration for medical services rendered or to be rendered to the Patient named herein, I the undersigned agree to pay all charges for services, supplies, and incidentals furnished by Nash Neurosurgery to or for the benefit of the Patient. I understand that it is my responsibility to contact my primary care physician, (PCP), or my insurance company for Any Referrals. I understand that if I fail to comply with the stipulations set forth in my particular insurance policy that I will be responsible for any and all non-reimbursed charges.

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RESPONSIBLE PARTY SIGNATURE** \_\_\_\_\_  
**(IF DIFFERENT FROM ABOVE)**

