



Patient Declaration Summary

By initialing the boxes below, I, declare that I have read and understood each document listed. My questions have been answered. I agree to adhere to the policies and procedures outlined within this document. I understand that failure to adhere to these policies and procedures may result in me/my family being discharged from the clinic.

Scan the QR code to view the full version of each document



Required Enrollment Documents

- Patient Agreement
- Patient Rights and Responsibilities
- Provider Rights and Responsibilities
- Billing and Payments Policy
- Uninsured Services Summary
- Patient Complaints Policy
- Patient Privacy and Confidentiality Policy
- Patient Termination and Discharge Policy

Recommended Documents

- Consent to Use of Documentation Assistants
- Uninsured Services Agreement and Preauthorization Form

I am also signing on behalf of the following dependents (ex; children):

Signature

Date