



Treatment and Billing Consent

As a courtesy to you, we will submit your health care services to your insurance company using the benefit explanation provided to our office during our verification process. However, benefits quoted to our offices are not a guarantee of payment; therefore, if your insurance carrier does not pay, you will be responsible for the payment of your account.

If your insurance company has not paid the submitted charges within 60 days from the date of service, it then becomes your responsibility to pay your account in full. It is your responsibility to contact your insurance company regarding the status of your claim.

I authorize Family Medical Walk-In to release my medical records or other information necessary to process my claims. I authorize direct payment of my medical benefits to Family Medical Walk-in.

I _____ attest by my signature below that I understand and accept the policy of Family Medical Walk-in.

Patient/Guardian Signature

Date