Consent for Medical Treatment

Consent for Treatment: I hereby voluntarily apply for treatment from Ricardo Fermo, MD.

Assignment of Benefits: I hereby authorize the release of medical information necessary to process billing claims. I also authorize payment of medical benefits to Fermo Psychiatric Solutions, INC. for all services rendered.

Financial Responsibility: I understand that I am financially responsible for all charges whether or not they are paid by my insurance company. I understand that Fermo Psychiatric Solutions only accepts BCBS and I will be responsible for the self-rate of $200 for all follow-up visits and $400 for New Patient Consultation.

Cancellation Policy: I understand that appointments must be cancelled at least 24 hours in advance to avoid late cancellation or no-show fees. I understand that I will be charged a fee of $150 for failure to adhere to this policy. New Patient No-Show fee is $175.

Important Notice Concerning Minors age 16 and older: I understand that pursuant to the law, patients age 16 and older are able to consent to treatment without parental consent (See Section 63-5-340 below). Patient must sign a release of information form for their parent or guardian to schedule appointments, speak with the physician, and request medication refills.

SECTION 63-5-340. *Minor's consent to health services. Any minor who has reached the age of sixteen years may consent to any health services from a person authorized by law to render the particular health service for himself and the consent of no other person shall be necessary unless such involves an operation which shall be performed only if such is essential to the health or life of such child in the opinion of the performing physician and a consultant physician if one is available.*

Patient/Guardian Signature: _____ Date: _____