

**Masters Family Medical, PLLC
Consent to Treat**

**224 West Central Ave
Jamestown, TN 38556
(931) 879-8139**

**117 West Commercial Avenue
Monterey, TN 38574
(931) 310-2900**

Insurance Authorization and Assignment: I hereby authorize the release of any medical or other information (necessary to process claims) on my insurance carrier. I also request payment of government benefits (if applicable) either to myself or the party who accepts the assignment. Furthermore, I authorize payment of medical benefits directly to the medical provider(s) who have treated me or rendered services or materials.

Medicare/Medicaid Patients: I authorize any holder of medical or other information about me to release to Centers for Medicare/Medicaid Services and its agents any information needed to determine benefits for this or related Medicare/Medicaid claim. I request that payment of authorized Medicare/Medicaid benefits be made either to me or to the party who accepts the assignment.

Authorization for Release of Information to Email Address (if one is provided) : We collect email addresses for the purpose of notifying patients of business announcements. We may collect and use personal data for the additional purpose of sending advertisements pertaining to specific medical conditions. We do not disclose your personally identifiable information to any outside businesses or organizations, other than for the purposes mentioned in the paragraph above regarding insurance claims.

Treatment Consent: I consent to medical treatment by Alisha Masters, FNP and other healthcare providers employed by Masters Family Medical, PLLC. I understand this could include but not limited to lab tests, x-rays immunizations, medications/prescriptions and/or administration, education, other diagnostic tests, or behavioral health interventions. I understand that my provider is available to explain the treatment and I have the right to refuse treatment.

By signing this form I am agreeing to the above information.

Print Name

Date

Signature