

**IVY CHILDREN'S CLINIC
CONSENT TO TREAT AND FINANCIAL AUTHORIZATION**

CONSENT TO TREAT:

The undersigned consents to any examination or medical treatment, and/or services rendered to the patient by the Dr. Ijeoma Nnamani during the course of diagnosis and treatment. It is understood that no guarantee can be given by anyone as to the results that will be attained from any diagnosis or treatment.

FINANCIAL RESPONSIBILITY:

It is agreed that regardless of any and all assigned benefits and or monies, the undersigned agrees to be responsible for the total charges for services rendered. I agree that any amounts that may be my responsibility are due upon request, payable to Ivy Children's Clinic. If this account should become delinquent, I agree to pay all expenses including attorney fees. If this account has a credit balance at any time, I agree that it will be applied to any previous outstanding balance prior to any monies being refunded.

ASSIGNMENT OF BENEFITS AND INSURANCE REQUIREMENTS:

In consideration of goods and services rendered or to be rendered, I assign and transfer to Ivy Children's Clinic all rights, titles and interests in benefits or monies payable for goods or services. I understand that in the event that Ivy Children's Clinic files a claim on my behalf that the same does not impose any contractual obligation upon Ivy Children's Clinic, and that I remain responsible for instituting suit within the applicable statute of limitations. I authorize pre-certification, pre-authorization, or second opinions shall remain the sole responsibility of the patient (and or parent or guardian), or legal agent. I authorize payors listed herein and any other payors to release all information requested and or related to my claims to Ivy Children's Clinic.

THE UNDERSIGNED CERTIFIES THAT HE OR SHE HAS READ, AND ACCEPTS THE CONSENT TO TREAT AND AUTHORIZATION, AND IS THE LEGAL PARENT OR GUARDIAN OF THE PATIENT, OR THE LEGAL REPRESENTATIVE OF THE PATIENT.

Signature

Relationship

Date