

Consent to Treatment

I hereby give my permission for Tucson Bariatric to provide medical treatment.

I allow the Practice to file for insurance benefits to pay for the care I receive.

I understand that:

- the Practice will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.

I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my provider.

Signature of Patient or Legal Guardian

Patient Name: