



Standard Consent to Treat

Consent to Treat

1. I understand that I am voluntarily engaging in treatment and care with Midwest Integrative Health, LLC, including medical practitioners and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice.
2. You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the potential benefits, risks and hazards involved.
3. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s). This consent provides us with your permission to perform reasonable and necessary medical examinations and testing and then the treatments that are mutually agreed upon.
4. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing.
5. You have the right at any time to discontinue services.
6. You have the right to discuss the treatment plan with Midwest Integrative Health, LLC about the purpose, potential risks and benefits of any test ordered for you.
7. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions. You consent that at the time of signing this agreement, all questions and concerns have been asked by you and addressed by the provider to your understanding.
8. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s). I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.
9. I understand that Midwest Integrative Health LLC., does not accept, bill, or interact with 3rd party payers such as personal or employer provided medical insurance, Medicare, Medicaid, or any other insurance type not listed above.
10. I understand that I am fully responsible for payment in full for the services provided by Midwest Integrative Health, LLC.
11. I understand that an active Visa, Master Card, or pre-approved payment plan must be kept on file at all times.



Midwest Integrative Health, LLC

222 S Randolph

Macomb, Illinois, US - 61455

12. I understand that payment will be charged at the start of treatment or when services have completed.

By signing below, I acknowledge that I have read the Standard Consent to Treat policy, I understand the Standard Consent to Treat policy and I agree to the terms listed within the Standard Consent to Treat policy.

PATIENT SIGNATURE *

DATE: *
