



6452 City West Parkway, Eden Prairie, MN 55344  
Phone: 952-999-0333

## **CONSENT FOR TREATMENT & ASSIGNMENT/RELEASE OF BENEFITS**

*Please read and sign below*

- I consent to attending my medical visit and receiving recommendations from my provider, understanding I have the opportunity to discuss risks and benefits of those medical recommendations - including medications, therapies, testing, and/or referrals.
- I (signed below) certify that I (or my dependent) have insurance coverage as provided and assign all insurance benefits (if any) directly to New Kingdom Healthcare and its providers for services rendered.
- I hereby authorize New Kingdom Healthcare to release all necessary information to the insurance company to secure the payment of benefits and to mail patient statements. I authorize the use of this signature on all insurance documents.
- I understand that I am financially responsible for all charges whether paid by insurance or not.
- The privacy of our patients is of the utmost importance to New Kingdom Healthcare, therefore, our internal policy forbids the recording of a visit without the express permission from the provider prior to the visit.

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PATIENT/PARENT SIGNATURE

Date