



Dr. Mukaia Mitchom Lockett, LLC
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Patient Consent Authorization

Consent for Treatment. I voluntarily consent to the rendering of care, for myself or my child including treatment and performance of diagnostic procedures. I understand that I am under the care and supervision of the attending physician and it is the responsibility of the staff to carry out the instructions of such physician(s).

Assignment of Benefits. I hereby assign payment directly to the physician(s) accepting this assignment of medical benefits applicable and otherwise payable to me but not to exceed the physician's regular charges. I understand that I am financially responsible for charges not covered by this assignment or for any and all charges that the insurance carrier declines to pay.

Release of Information. The physician(s) may disclose all or part of the patient's record to any persons or corporation which is or may be liable under a contract to the physician(s) or to the patient or to a family member or employer of the patients for all part or part of the physician(s) charges, including but not limited to, insurance companies, worker's compensation carriers, welfare funds, or the patient's employer.

Subsequent rejection of a claim as a result of having non covered out of network benefits will constitute responsibility for payment of claim on my part.

MEDICARE AND MEDICAID PATIENT CERTIFICATION - PATIENTS CERTIFICATION **AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST:**

I certify that the information given by me in applying for payment under Title XVIII and / or Title XI of the Social Security Administration or its intermediary carriers, any information needed for this or related Medicare or Medicaid Claim. I request the payment of authorized benefits be made on my behalf. I assign the benefits payable for the physician(s) services. I understand that I am responsible for my health insurance deductibles and coinsurance.

Patient's Printed Name

Date:

Patient's Signature/Authorized Signature

If not the patient - print name & relationship

Witness

Please initial that you have read the Notice of Privacy Practices statement_____