Leslie S. Welborne, M.D. | CENTENNIAL OB/GYN, P.A. | Melissa Bailey, M.D.
Alisa Ward, M.D. | 5757 Warren Parkway, Suite 210 | Ruth Whiddon, W.H.N.P.
Frisco, TX 75034
PH: 972-731-6565 FX: 972-731-6570

GENERAL CONSENT FOR TREATMENT

***The following is a general consent for treatment for any services rendered here in the office, e.g., pap smear, breast exam, pelvic exam. If your plan of treatment requires further procedures, you will be consented on those specific procedures.*

*The consent you are about to read was written by the Texas Medical Association and requires that all physicians have patient consent for general treatment.***

"I, knowing that I am suffering from a condition requiring diagnostic, medical, or surgical treatment, do hereby voluntarily consent to such procedures and care and to such medical, surgical or other services under the general and specific instructions of the Physicians of Centennial OB/GYN, P.A., their assistants, or their designee as is necessary in their judgment.

I also acknowledge that the practice of medicine is not an exact science and no guarantees have been made to me as to the result of treatments or examination by Centennial OB/GYN, P.A.
--Texas Medical Association.

****

Assignment of Insurance Benefits

I hereby authorize direct payment of surgical/medical benefits to Centennial OB/GYN, P.A. for services rendered by them in person or under their supervision. I understand that I am financially responsible for all of the fees or any balance not covered by my insurance.

Authorization to Release Information

I hereby authorize Centennial OB/GYN, P.A. to release any medical or incidental information that may be necessary for either medical care or in processing claims or applications for financial benefits.

Medicare

I certify that the information given by me in applying for payment is correct. I authorize release of all records on request. I request that payment of authorized benefits be made on my behalf to Centennial OB/GYN, P.A., Dr. Leslie Welborne, Dr. Melissa Bailey, Dr. Alisa Ward and Ruth Whiddon, W.H.N.P.

A photocopy of these assignments shall be as valid as the original.

Print Patient Name: _____ Date of Birth: _____

Print Parent or Guardian Name: _____

Signature: _____ Date: _____