

Geriatric and Medical Specialists of Michigan, PLC

1. Consent to treatment

I _____, hereby voluntarily consent and authorize Dr. Schumacher, Shawn Badal & Amy Zimmerman Nurse Practitioners, their associate Physicians, or other practitioners under their orders to attend to me and to provide medical treatment and care, including but not limited to, diagnostic procedures, X-rays and medications as is deemed necessary and advisable. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments and examinations in this facility.

Signature of Patient/Legal Representative

Date

Signature of Witness

2. Agreement to Pay for Service

I understand that I am liable and responsible for any health insurance deductibles and coinsurance portions of my medical bill. I also understand that I am responsible for all services to be rendered to the patient whether signing as agent or as a patient. The undersigned certifies that (s)he has read the foregoing or that if it has been read to him/her, and that (s)he understands the same and consent thereto, and that (s)he is the patient or the duly authorized representative or agent of the patient to sign this form and consent thereto. I further understand that my treatment may require more than one date of billable service; therefore, this consent shall carry full force and effect from the date of signature until I am discharged from further outpatient treatment.

Signature of Patient/Legal Representative

Date

Signature of Witness

3. Advance Directives

I understand that I have a right to provide this facility with advanced directives regarding medical treatment decisions, including the right to refuse unwanted medical treatment or ask that it be withdrawn. I currently ___do___do not have any such directives formally written.

Signature of Patient/Legal Representative

Date

Signature of Witness