

**Ash Azatian M.D.P.A**  
**4401 6<sup>th</sup> St. Ste A**  
**Lubbock, Texas 79416**

**Patients Name** \_\_\_\_\_

**Date Of Birth** \_\_\_\_\_

**CONSENT TO TREATMENT**

I volunteer consent to receive medical and healthcare services provided by Dr. Azatian as he deems necessary. I understand that such services may include diagnostic procedures, examinations and treatment. I acknowledge that no warranty or guarantee has been made to me as to result of care.

I understand that this consent to treatment will be valid and remain in effect as long as I attend his clinic unless revoked by me in writing with such written notice provided to each clinic attended by me.

**FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS**

In consideration for receiving medical or healthcare services, I hereby assign my right, title and interest in all insurance, Medicare/Medicaid, or other third-party payer benefits for medical or healthcare services otherwise payable to me, Ash Azatian, M.D. P.A. I also authorize direct payments to be made by Medicare/Medicaid and/or my insurance company or other third-party payer, up to the total amount of my medical and healthcare charges to Ash Azatian, M.D. P.A. I certify that the information I have provided in connection with my application for payment by third-party payers including Medicare/Medicaid is correct.

I agree to pay all charges for medical and healthcare services not covered by or which exceed the amount estimated to be paid or actually paid by Medicare/Medicaid, my insurance company or other third-party payer. I agree to make payment as requested by Ash Azatian, M.D. P.A.

I certify that this form has been fully explained to me and that I have read or have had it read to me\* and that I understand its contents.

**NOTICE OF PRIVACY PRACTICES**

I have received a paper copy of Dr. Azatian's **NOTICE OF PRIVACY PRACTICES**.

\_\_\_\_\_  
(pt's initials)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/other legally authorized person

\_\_\_\_\_  
Witness\* (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship