



PrimeCare Direct

Dr. Pham & Dr. Alwani

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CONSENT FOR TREATMENT & FINANCIAL POLICY

CONSENT FOR TREATMENT

I hereby consent to and authorize the performance of medical treatment and diagnostic procedures by PrimeCare Direct physicians and staff. I understand that the practice of medicine is not an exact science and no guarantees have been made to me regarding the outcome of any treatment or procedure.

I authorize PrimeCare Direct to release any medical information necessary to process insurance claims on my behalf and authorize payment of medical benefits to PrimeCare Direct for services rendered.

FINANCIAL POLICY

INSURANCE PATIENTS

Co-pays, deductibles, and co-insurance are due at time of service. Any balance after insurance payment is the patient's responsibility. Unpaid balances may be sent to collections after 90 days.

CONCIERGE MEMBERSHIP (\$180/month)

Monthly fees due on the 1st of each month. Includes unlimited visits, same-day appointments, and after-hours access. Cancel with 30 days written notice. No refunds for partial months.

SINGLE VISIT (\$150)

Payment due in full at time of service. We accept cash, credit cards, HSA/FSA.

MISSED APPOINTMENTS

We require 24-hour notice for cancellations. A \$50 no-show fee may apply.

RETURNED CHECKS

A \$35 fee will be charged for returned checks.

ASSIGNMENT OF BENEFITS

I assign all medical benefits to PrimeCare Direct and authorize release of information necessary to secure payment. I understand I am financially responsible for all charges whether or not paid by insurance.

Patient Name (Print): _____

Date of Birth: ____/____/____

Patient/Guardian Signature: _____

Date: ____/____/____

Relationship to Patient: _____