Consent to Treat, Release of Information to Insurance,

and Authorize Insurance Payment/Benefits

To Treat: I, for myself, or my minor child, hereby consent to and authorize medical treatment to myself or child, which may include the performance of examinations and procedures, use of photography for documentation of exam findings (such as a rash), administration of vaccines, performance of treatments and tests which the physician(s) and provider(s) at North Suburban Family Physicians have advised me of and deemed medically necessary. This permission is granted for in person and remote treatment via secure electronic portal and telehealth platforms. I understand that I have the right to refuse any procedure or treatment. I have the right to discuss all medical treatments with my provider.

Release of Information: I hereby authorize North Suburban Family Physicians to release any medical information deemed necessary to process insurance claims (including information relating to the treatment of drug abuse, alcohol abuse, or mental illness).

Authorization of Payment: I further authorize payment of any health insurance benefits directly to North Suburban Family Physicians for services rendered to me or my dependent. This authorization applies to any insurance benefit that was in effect at the time that the services were provided. I understand that I am responsible for any deductible, coinsurance, and all non-covered services for myself or for my child. I am responsible for all returned non-sufficient fund checks with an additional $35 fee per check.

Office and Billing/Insurance Policies: I have been provided a copy of these policies and am aware that I can find them at drtommcgowan.com and on the patient portal under medical forms.

By my signature below, I acknowledge that I have read, understand, and agree to the terms of this consent form. I have had the opportunity to ask questions, and that any questions have been satisfactorily answered.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient (if minor): _____

---This Form Will Expire 1 Year from Today's Date, New Forms Will Need to Be Completed---