AMHC
Advanced Medical House Calls

14165 Fenton Rd
Suite 201A
Fenton, MI 48430
Phone: 810-853-5875
Fax: 586-279-4515

Patient Information			
First Name	Last Name	MI	Birth Date

CONSENT TO TREAT

I give Advanced Medical House Calls, PLC (AMHC) permission to render treatment and procedures. The undersigned has read and understood this Consent to Treat and certifies that no guarantee or assurance has been made as to the results that may be obtained.
I understand that as part of my health care, Advanced Medical House Calls, PLC originates and maintains health records describing my health history, symptoms, examinations and test results, diagnoses, treatment and any plans for future care or treatment.

I understand that this information serves as:

1. a basis for planning my care and treatment
2. a means of communication among the many health professionals who contribute to my care
3. a source of information for applying my diagnoses and surgical information to my bill
4. a means by which a third-party payer can verify that services billed were provided
5. and a tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals

Signature of Patient or Patient's Power of Attorney Date

Page must be signed before visit will be made.

IF you are a POA filling out paperwork on behalf of someone - a copy of the POA paperwork is needed before scheduling a visit.