

Alliance Medical Associates, PLLC

2905 Crouse Lane

Burlington, NC 27215

Phone: (336) 538-2494 Fax: (336)538-2497

****Insurance Assignment****

◆ **WAIVER OF LIABILITY**

I hereby authorize Alliance Medical Associates, PLLC, to furnish information to my insurance carriers concerning my illness and treatment. I assign, Alliance Medical Associates, PLLC, payment for medical services rendered to myself and/or my dependents. I understand that I am responsible for any amount not covered by the insurance company.

I understand that if I fail to provide Alliance Medical Associates, PLLC my current and correct insurance card(s), I am liable for any and all charges that are incurred.

Patient Signature

Date

◆ **CONSENT TO TREAT**

I hereby authorize medical treatment of myself/minor by Alliance Medical Associates, PLLC. I am aware that the practices of medicine are not an exact science and acknowledge that no guarantees have been made concerning my care.

Patient Signature

Date