



4202 Berry Cove Circle
Richmond, TX 77406
www.mdeaglexpresshealthcare.com
mdeaglexpresshealthcare@gmail.com
Phone: (713) 425-3907
Fax: (949) 655-8672

Consent to Treat Form

1. I _____ (Patient Name) give permission for Medi-Eagle Express HealthCare to give me medical treatment.
2. I allow Medi-Eagle Express HealthCare to file for insurance benefits for my care if applicable.
3. I understand that:
 - In order to file for insurance benefits, Med-Eagle Express HealthCare must share my health information with my insurance company.
 - I must pay my share of the cost
 - If my insurance company fails to pay, I am responsible for the cost of these services.
4. I understand that:
 - I have the right to refuse any procedure or treatment.
 - I have the right to discuss all medical treatment with my provider.

Patient's Printed Name

Date

Patient Signature

Date

Parent/Guardian Signature
for patients under 18 years

Date