

Consent to Treat

Consent to Treat - I (or my legal guardian or parent) authorize Coastal Prestige Medical Services and Clinic, Inc. to provide medical care reasonable by today's standards, and I have been offered a copy of the Privacy Policy.

Signature of Patient/Legal Guardian: _____ Date: _____

Assignment of Benefits

I hereby assign to Coastal Prestige Medical Services, Inc any insurance or other third-party benefits available for health care services provided to me. I understand that Coastal Prestige Medical Services, Inc has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Coastal Prestige Medical Services, Inc, I agree to forward to Coastal Prestige Medical Services, Inc all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

Signature of Patient/Legal Guardian: _____ Date: _____

Notification to Patients:

California law now requires that physicians in California must notify patients that they are licensed by the Medical Board of California to practice medicine. Compliance with this law, as mandated by Business and Professions Code section 138, requires your signature of acknowledgement of this notification. Therefore: "Notice to Consumers: Dr Johnnie Ham, MD, is licensed by the Medical Board of California. Medical Doctors are licensed and regulated by the Medical Board of California, (800) 633-2322, www.mbc.ca.gov." Thank you for your patience in meeting this compliance requirement.

Signature of Patient/Legal Guardian: _____ Date: _____