



Diabetes Education and Wellness
1910 Route 35, Oakhurst, NJ 07755
Tel: 732-676-8381 Fax: 732-876-3059

Consent for Treatment

1. I _____ (patient name) consent to the provision of care, diagnosis /or treatment by give permission for Diabetes Education and Wellness.
2. I acknowledge and confirm that I am mentally capable of giving informed consent to the provision of care, diagnosis and/or treatment and I am not subject to duress or under undue influence.
3. I allow Diabetes Education and Wellness to file for insurance benefits to pay for the care I receive.

I understand that:

- Diabetes Education and Wellness will send my medical record information to my insurance company.
- I authorize Diabetes Education and Wellness to submit claims to my health insurance provider and can represent me in discussing information relevant to the submitted claim.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.

4. I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my provider.

Participant's Signature

Date

Parent or Guardian Signature
(for children under 18)

Date

Print name
