



Consents (to be signed electronically)

Consent for medical services and treatment

I consent to treatment, diagnostic and/or therapeutic services as ordered and/or provided by all health care providers at El Camino Women's Medical Group.

Financial and Insurance Authorization

I understand that I am financially responsible for my account regardless of my insurance & for any charges which are either for medical care not covered by my policy or as a result of not following the required procedures of my health plan. All charges are due within 60 days from time of service. I authorize the release of any medical information necessary to process this claim & request payment of medical benefits be made directly to this office unless payment is made in full at the time of service. It is my responsibility to know & understand my insurance policy & benefits. This includes referrals, copayments, covered lab & X-ray benefits, & prior authorizations for procedures. I further understand that if I enroll in another insurance plan, it is my responsibility to notify the office; otherwise I will be responsible for payments.

Prescription history

By signing this consent form I am agreeing that the office of El Camino Women's Medical Group can request and use my prescription medication history from other healthcare providers &/or third party pharmacy benefit payers for treatment purposes.

HIPAA Acknowledgement

I hereby acknowledge that I have received a copy of the El Camino Women's Medical Group's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available at each appointment.

Notice to consumers regarding your health care practitioners:

Name, degree:	Sarah Azad, MD	Erika Balassiano, MD	Pooja Gupta, MD
License:	CA: A93504	CA: A124829	CA: A137156
Board status:	Board-Certified	Board-Certified	Board-Certified
	Amy Teng, DO	Rania Awaad, MD	Barbara Dehn, NP
	CA: 20A12105	CA: A115077	CA: RN320350
	Board-Certified	Board-Certified	NP: 4249

Physicians are licensed and regulated by the Medical Board of California or the Osteopathic Medical Board of California: (800) 633-2322, www.mbc.ca.gov, www.ombc.ca.gov

Signature _____ Date _____