



Consent to Treat Form

1. I _____ (patient name) give permission for [**Mulberrys Mobile Provider Services, LLC and/or Michell Mulberry**] to give me medical treatment.
2. I allow [**Mulberrys Mobile Provider Services, LLC and/ or Michell Mulberry**] to file for insurance benefits to pay for the care I receive.

I understand that:

- [**Mulberrys Mobile Provider Services, LLC and/ or Michell Mulberry**] will have to send my medical record information to my insurance company.
- 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.

3. I understand:
 - I have the right to refuse any procedure or treatment.
 - I have the right to discuss all medical treatments with my clinician.

Patient's Signature

Date

Parent, Guardian, or POA Signature

Date

Print name