



For your convenience, this QR can be used to review the policies on our website.

2023 Acknowledgement and Agreement to SmartMED, LLC.'s Policies

Patient Name: _____

Patient DOB: _____

I have read and understand the HIPAA/Privacy Policy for SmartMED, LLC.

Signature: _____ Date: _____

I have read and agree to the Financial Policy for SmartMED, LLC.

Signature: _____ Date: _____

I have read and agree to the Consent for Medical Services form for SmartMED, LLC.

Signature: _____ Date: _____

I authorize SmartMED, LLC 's office to contact me by mobile phone and to leave a message with regards to my diagnosis and treatment.

Signature: _____ Date: _____