

Consent to Treat

Consent for resident to be seen by Judith Hahn PMHNP-BC :

Judith Hahn PMHNP-BC

1130 E. Missouri Avenue, Suite 830

Phoenix, AZ 85014

Phone # 602-710-1113

Fax # 602-265-3294

Resident Name:	D.O.B.
Insurance Information (Copy of card helpful)	Date of Consent
Responsibly Party, Guardian /POA Name:	
Phone #	
Relationship to resident:	
Responsible Party,, Guardian/POA Signature:	

Copy front and back of Insurance Card attached

Bill privately

Thank you,