Audrey F. Echt, M.D.,P.A.
Patient Consent Form

Thank you for choosing our office!
In order to serve you properly, we require that you read and approve of the following.
Please complete all applicable fields. Any and all information provided will
be confidential.

Payment is required for all services at the time they are rendered, unless you are in a prepaid insurance plan in which we participate. Applicable co-payments will be collected at the time of service. I also understand that I am financially responsible for all services rendered that are not paid by insurance.

Initial: _____

I authorize release of any information concerning my (or my child's) healthcare, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits to the doctor.

Initial: _____

Cancellation & Late Policy - Except for emergencies, please give us 24 hours notice for any cancellation, otherwise you will be billed for the visit as below. No shows will be billed $50.00 for missed office visits and $100 for missed surgery appointments. These fees will be expected to be paid prior to future visits. If you are more than 10 minutes late for your appointment, we may need to reschedule. I have read and understand this policy.

Initial: _____

****Treating Minors*** **–** Any minor (under 18 years of age) absolutely must have a PARENT present for Accutane or Excisions - no exceptions. Minor children can be evaluated or followed up with a dated note from a parent or legal guardian, which will be valid for1 year. The note must specify that the provider has permission to diagnose and treat the minor without the parent or legal guardian present. An adult must be present for Biopsies

Initial: _____

Patient's Printed Name:_____ DOB:_____

Relationship to Patient:_____

Signature:_____ Date:_____

Audrey F. Echt, MD, PA • 10931 Raven Ridge Road Suite 101 • Raleigh, NC 27614

Phone: (919) 870.6600 Fax: (919) 870.1610