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Consent to Treat Form

1. I _____(patient name) give permission for Royal Behavioral Health Services LLC to give me medical treatment.
2. I allow Royal Behavioral Health Services LLC to file for insurance benefits to pay for the care I receive.

I understand that:

- Royal Behavioral Health Services LLC 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 or Guardian Signature
(for children under 18)

Date

Print name

Date