

High Desert Healthcare

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Consent for treatment

The undersigned hereby applies for and consents to such medical or surgical treatment for:

As may be prescribed by the healthcare provider of the clinic for conditions present. This agreement is binding for all visits with **High Desert Healthcare**, including office visits, e-visits or telephone visits. This agreement is only revocable in event of providing written documentation revoking this consent.

Financial Responsibility

The undersigned also understands that they will be held responsible for all fees incurred for services rendered to the patient listed above. I also understand that payment is expected for services rendered at the time of each visit UNLESS ARRANGEMENTS HAVE BEEN MADE IN ADVANCE. Certain services may not be covered by insurance(s) and are directly billed to the undersigned with the expectation of prompt payment.

This agreement is binding for all visits with **High Desert Healthcare**, including office visits, e-visits or telephone visits. This agreement is only revocable in event of providing written documentation revoking this consent.

Print Name

Signature

Date:

Witnessed by: (Printed)

Date:

Signature of Witness