



Medical Center: 1831 North Fayetteville Street • Asheboro, NC 27203
Phone: 336-672-1300 / Fax: 336-672-3044

Dental Center: 308 Brewer Street • Asheboro, NC 27203
Phone: 336-610-7000 / Fax: 336-610-7003

GENERAL CONSENT FOR MEDICAL TREATMENT

MISSED/LATE APPOINTMENTS A missed appointment delays your planned treatment. After two (2) missed appointments, you will not be offered another appointment time. You may visit the facility and wait for an opening in the doctor's schedule if a time should become available. No guarantees are given that an opening will be available without a scheduled appointment in advance. If you are more than 15 minutes late, you may need to reschedule your appointment. Patients for whom MERCE Family Healthcare retains an interpreter and pays an interpretation fee must give at least 48 hours cancellation notice before the scheduled appointment time. Failure to do so will result in the patient being responsible for repayment of the total interpretation fees charged to MERCE Family Healthcare.

APPOINTMENT REMINDER SERVICE I understand that an employee of MERCE Family Healthcare will call 1-2 days prior to my scheduled appointment time for confirmation. I agree to allow a message stating the reason for the call and the time and date of the appointment to be left on an answering machine/voice mail or with a third party.

PAYMENT FOR SERVICES/INSURANCE I understand that payment for services will be expected at the time of visit. Discounts are available through our STAR sliding fee scale program if I am eligible. Payment plans are also available. I understand that if I qualify for the STAR sliding fee scale program, I must present my STAR discount card at every appointment in order to obtain my discount. I understand that my health and/or dental insurance (if any) is a contract between me and my insurance carrier and not between the insurance carrier and MERCE Family Healthcare, therefore I assume complete responsibility for the payment of all services I receive regardless of any payments my insurance carrier may make.

TYPES OF SERVICES AVAILABLE

MEDICAL: Comprehensive medical care for children and adults including lab work and injections. Lab work and injections, when needed, have a separate charge than the office visit.

DENTAL: Basic dental services to relieve acute pain and promote oral hygiene. X-rays, fillings, extractions and cleanings may be necessary to provide these basic dental services. Antibiotics may be prescribed before dental services begin.

SERVICES OUTSIDE OF RFHC at MERCE If you require services not provided by MERCE Family Healthcare, a referral will be made to another doctor or dentist who may provide these services at your expense. MERCE Family Healthcare does not provide financial assistance for services provided at other facilities.

DRUGS AND MEDICATIONS I understand that antibiotics and other medications may cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I will inform the doctors and/or dentists immediately if I encounter problems with prescribed medications. I understand that I will not be prescribed chronic narcotics for pain management, however I will be referred for specialty care should my provider deem this necessary.

DENTAL/MEDICAL FACILITIES The dental and medical facilities are located in separate buildings. The dental center is located at 308 Brewer Street, Asheboro, NC. 336-610-7000
The medical center is located at 1831 N. Fayetteville Street, Asheboro, NC. 336-672-1300

By signing this document, I understand & agree with the policies & procedures of MERCE Family Healthcare & give my general consent for treatment.

I hereby request and authorize the doctors and dentists working for MERCE Family Healthcare to perform any indicated diagnostic procedures, treatment or dental surgery based on my diagnosed needs and the condition(s) for which I am seeking care. I understand that I may be treated by different doctors and dentists at different appointments.

Patient Signature: _____
Responsible Party's Signature: _____

Date: _____
Date: _____

