RENEW HEALTH MEDICAL CENTER

1550 Janmar Road, Suite B
Snellville, GA 30078

I understand I am here for a **complete physical** and that it is my responsibility to make sure that my insurance company covers this service. I also understand that in the event my insurance company covers only part or none of the charges, I am financially responsible for the balance.

I also understand that by this being the visit for my annual physical, any other health issues or concerns **will not** be addressed at this visit. Also I understand that if the Provider decides to treat my other issues instead of the Physical, I will have to make an appointment of a later date for my annual physical.

I also understand that all laboratory work, other than urinalysis, is sent out to a private laboratory for processing. These charges are separate from any charges incurred in this office and will be billed directly by the laboratory and any questions should be made to them directly.

_____

Patient's Printed Name

_____

Patient's Signature

_____

Date