



Georgia Rehabilitation Specialists, LLC
P. O. Box 2331
Griffin, GA. 30224
Phone: (770) 467-4426 Fax: (770) 467-4427
Email: garehab@bellsouth.net

**CONSENT FOR TREATMENT, AUTHORIZATION AND
PAYMENT REQUEST**

I hereby assign all medical benefits to which I am entitled to Georgia Rehabilitation Specialists, LLC in the event they file insurance on my behalf. **I understand that I am financially responsible for all charges whether or not paid by said insurance.** I hereby authorize Georgia Rehabilitation Specialists, LLC to release all information necessary to secure the payment of said benefits. A copy of this agreement shall be considered as effective and valid as the original.

I do hereby consent to such treatment by the authorized personnel of Georgia Rehabilitation Specialists, LLC as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment.

Print Name Patient's Signature

Date

Agent/Guarantor (relationship)

Date

Medical Record Number _____