



B R A V O U R E

Consent for Treatment

I give permission to Christine S. Carter, Family Health Nurse Practitioner, PLLC. (DBA Bravoure Medical Wellness) to give me medical treatment.

I understand Christine S. Carter, Family Health Nurse Practitioner, PLLC. (DBA Bravoure Medical Wellness) is a private practice and out of network with commercial and federal insurance companies (Medicare and Medicaid) and will not bill my insurance benefits to pay for the care I receive.

I understand that:

I must pay in full for the cost of the service prior to the service being rendered.

If I have a commercial insurance plan, I may submit for reimbursement if my insurance participates in out of network benefits.

The amount of reimbursement by a commercial insurance company may not be equivalent to the full cost of the service billed by Christine S. Carter, Family Health Nurse Practitioner, PLLC. (DBA Bravoure Medical Wellness).

If I am a Medicare patient, I cannot seek reimbursement from Medicare/CMS at any time as my medical provider has opted out of Medicare and I have voluntarily signed a private contract with Christine S. Carter, Family Health Nurse Practitioner, PLLC. (DBA Bravoure Medical Wellness)

I understand that:

I have the right to refuse any procedure or treatment.

I have the right to discuss all medical treatments with my clinician.

Full Name: _____

Signature: _____