

Peachtree Primary Care, PC

1570 Old Alabama Rd, Suite 105 Roswell, Georgia 30076

Telephone: 770-676-6838 Fax: 770-676-6840

BENEFITS CONSENT

I, _____ have been informed that my insurance company may not pay for the following services:

- **Hearing Screening**
- **EKG**
- **Vitamin D**
- **STD**
- **HIV**

By signing this form, I acknowledge that I am financially responsible for the charges in the event my insurance company does not pay for these services.

(Patient Signature)

(Patient Name Print)

(Today's Date)

(Witness)