NORTHWEST ONCOLOGY, P.C.

Hematology/Oncology

Mohamad Kassar, M.D.
Barbara Fuller, M.D.
Neel Shah
Amer Sidani, M.D.
Michael Tallarico, M.D.
Amie Barry, N.P.
Maria Marrero, N.P.
Rebekah Vega, N.P.

Gynecologic Oncology

Sameer Sharma, M.D.
Amanda Nakashian, D.N.P.
Ashley Ramos, P.A.

Medical Treatment Authorization Form

I grant my authorization and consent for Northwest Oncology, P.C., and its affiliated physicians, nurse practitioners, nurses and other medical personnel to administer treatment while I am under their care.

I agree to assume financial responsibility for all expenses of portions of such care that are deemed patient responsibility under my current insurance plan. I agree to notify Northwest Oncology, P.C. of any changes in my insurance coverage.

It is understood that this authorization is given in advance of any medical treatments, and it is given to provide authority to my healthcare provider to exercise his or her best judgement in collaboration with myself and my family to deliver the best possible care for my condition.

Patient Signature _____ Date _____

Printed Name _____ Relationship _____

Witness _____ Date _____