Beach Primary Care

12216 Panama City Beach Pkwy, Suite C, Panama City Beach, FL 32407
850-775-0121 | beach-pc.com

Medication List

Medication	Dose	Frequency

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Consent to Treat

I hereby consent to medical treatment by Beach Primary Care and its staff as deemed necessary.

Patient Signature: _____ Date: _____

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Consent to e-Prescribe

I authorize Beach Primary Care to electronically prescribe medications and access my medication history.

Patient Signature: _____ Date: _____

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HIPAA Privacy Practices Acknowledgment

I acknowledge that I have received a copy of Beach Primary Care's Notice of Privacy Practices.

Patient Signature: _____ Date: _____

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Financial Responsibility Agreement

I agree to pay co-pays, deductibles, and any non-covered services.

Patient Signature: _____ Date: _____

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Assignment of Benefits (AOB)

I authorize insurance benefits to be paid directly to Beach Primary Care.

Patient Signature: _____ Date: _____