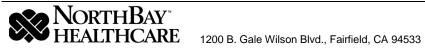
I certify that I have read the foregoing Consent for Treatment and Financial Agreement and received a copy thereof. I am the patient, the patient's legal representative, or am otherwise authorized by the patient to sign the above and accept its terms on his/her behalf.

Signature:	Date & Time:		
Signature: Date & Time: [Patient/Parent/Conservator/Guardian/Agent]  If signed by other than patient, print Legal Name:  Relationship to Patient:  Witness Signature: Date:  [NorthBay Healthcare Representative]			
		patient and to accept the terms of the Benefits, and Health Care Service Plar	·
		Signature: [Patient/Parent/Conservator.	Date & Time: /Guardian/Agent1
		If signed by other than patient, print Legal Name:	
Relationship to Patient:			
Witness Signature: [NorthBay Healthca	Date: are Representative]		



## **CONSENT FOR TREATMENT AND FINANCIAL** AGREEMENT ACKNOWLEDGMENT