

# Spine & Sports Specialties

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## Financial Responsibilities

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Spine & Sports Specialties will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to this facility will be credited to my account upon receipt. However, I clearly understand and agree that all unpaid balances for services rendered to me are my responsibility. If there is a conflict, I understand that I should dispute them with my insurance carrier. I waive any applicable Statute of Limitations which may at any time interfere with your right to collect for services rendered.

Should my insurance company send me a check/draft (for services rendered to me), I understand that it is my responsibility to immediately send it to Spine & Sports Specialties. I will not cash or deposit said check/draft to a bank account.

## Assignment of Benefits

I authorize payment of medical benefits to Spine & Sports Specialties for services rendered to me.

## Release of Information

I hereby acknowledge and give my consent to treatment provided by the treating clinician at Spine & Sports Specialties. I also acknowledge that all patient information is handled with confidentiality in regard to patient history, consultations, care rendered, and financial information. Therefore, I authorize Spine & Sports Specialties and those acting on their behalf, the release of any medical or other information necessary to process my claims to insurance companies, attorneys, or those assisting me in collecting and distributing payments for services rendered. I permit a copy of this authorization to be used in place of the original.

## Authorization of Treatment

I hereby authorize Spine & Sports Specialties to treat my, or the patient's condition(s) as they deem appropriate.

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Patient's Signature

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Date

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Parent or Guardian's Signature (if applicable)