

ORTHOPEDIC SURGICAL CONSULTANTS, P.A.

PATIENT REGISTRATION/ SIGNATURE FORM

AUTHORIZATION

_____ I hereby authorize payment of the amount due me in my pending insurance claim to be made directly to Orthopedic Surgical Consultants, P.A.

_____ I hereby authorize Orthopedic Surgical Consultants, P.A. to release any information including diagnosis, x-ray, and treatment records concerning my medical history to my referring or primary physician and insurance company. I also authorize Orthopedic Surgical Consultants, P.A. to release any information including diagnosis, x-ray, and treatment records concerning my medical history to any physician or treatment center that I am referred to while under the care of Orthopedic Surgical Consultants, P.A.

_____ I request that payment of authorized Medicare benefits be made either to me or on my behalf to Orthopedic Surgical Consultants, P.A. for any services furnished me by the physician or clinic. I authorize any holder of hospital or medical information about me to release health care financing administration and its agents and information needed to determine these benefits or the benefits payable for related services. I permit a copy of this authorization to be used in place of the original.

RECEIPT OF HIPPA

_____ Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in Orthopedic Surgical Consultants, P.A.'s Notice of Privacy Practices. Orthopedic Surgical Consultants, P.A. is permitted to revise its Notice of Privacy Practices at any time and can provide any patient with a copy of any revised Notice of Privacy Practices upon his/ her request.

I acknowledge that I have BEEN OFFERED AND/ OR HAVE RECEIVED a copy of Orthopedic Surgical Consultants, P.A.'s Notice of Privacy Practices.

RECEIPT OF FINANCIAL POLICY

_____ I acknowledge that I have received a copy of Orthopedic Surgical Consultants, P.A.'s Financial Policy.

RESPONSIBLE PARTY SIGNATURE: _____ DATE: _____