



The Center for Orthopedic Surgery

4642 North Loop 289, Suite 101, Lubbock, Texas 79416 (806) 797-4985 FAX (806) 792-8588

Assignment of Benefits:

I hereby assign all medical and/or surgical benefits to which I might be entitled, including Medicare, private insurance, liability, worker's compensation and all other health plans to The Center for Orthopedic Surgery for services provided and not yet paid in full.

Release of Information:

I hereby authorize The Center for Orthopedic Surgery to disclose all or any part of my medical records or other medical information about me to any organization needing such information to determine benefits or process benefits payable for services provided.

Payment Policy:

I understand that all medical and surgical charges incurred by me, or my dependents, for services rendered are my financial responsibility and that all fees necessary to collect this amount are payable by me.

Patients who have insurance coverage with a health plan that their physician is a contracted participating provider for (such as Medicare, worker's compensation, Medicaid, and some managed care plans) are responsible for payment of any deductible, co-payments, and non-covered services. Insurance claims will be filed for the patient.

Unless prior arrangements have been made, patients covered by other health plans or without insurance are responsible for payment in full at the time of service. Insurance claims will be filed for the patient only in cases where surgery is required.

My signature below applies to all of the above statements and is valid indefinitely or until revoked in writing by me.

Print Name _____ SS# _____

Signed _____ Date _____