

Total Rehab-Orthopedic & Sports Specialist, PC

Consent for Care and Treatment:

I, the undersigned, for myself or a minor child or another person for whom I have authority to sign, (hereinafter "Patient") hereby consent and authorize Total Rehab-Orthopedic and Sports Specialist, P.C., its agents, associates and employees, to provide care and treatment to Patient per program policy and/or as prescribed by a physician. A representative of Total Rehab-Orthopedic and Sports Specialists P.C., has explained my plan of care and all of my questions have been answered satisfactorily. I understand that the training plan may change and, if so, these changes will be discussed with me. I agree to promptly notify Total Rehab-Orthopedic and Sports Specialists, P.C., my physician or others providing care of any adverse reactions or other significant events relating to my health. Patient acknowledges that no guarantees have been made as to the effect of such examination or treatment of Patient's condition by Total Rehab-Orthopedic and Sports Specialist, P.C., its agents, associates and employees.

Authorization to Release Information:

I authorize Total Rehab-Orthopedic and Sports Specialist, P.C., its agents, associates and employees, to release any information acquired in the course of Patient's examination or treatment, to Patient's physician, health care provider or referring agency.

I authorize Total Rehab-Orthopedic and Sports Specialists, P.C., its agents, associates and employees, to disclose and release such information from Patient's medical records as may be necessary for the completion of claims filed by Total Rehab-Orthopedic and Sports Specialists, P.C., for reimbursement from my insurance company, preferred provider organization, health maintenance organization or utilization review organization.

This authorization for release of records is valid until revoked by me in writing.

Production of Confidential Information:

In order to provide Patient with the best treatment possible, Total Rehab-Orthopedic and Sports Specialist, PC must obtain certain information. This information includes confidential information such as Patient or guarantor's Social Security Number. As a patient, I understand the need for Total Rehab-Orthopedic and Sports Specialist, PC, its agents, associates and employees to obtain the most accurate information regarding my health and care. Total Rehab-Orthopedic and Sports Specialist, PC, its agents, associates and employees will protect all confidential information you provide to the best of their abilities to prevent any re-disclosure of information without authorization. If confidential information is not provided, including Social Security Numbers, Patient understands that services may only be provided by Total Rehab-Orthopedic and Sports Specialist, PC on a prepaid cash basis.

Assignment of Benefits and Liability of Payment:

In consideration of the services rendered or to be rendered by Total Rehab-Orthopedic and Sports Specialists, P.C., I assign my insurance, Medicare and Medicaid benefits due me to Total Rehab-Orthopedic and Sports Specialists, P.C. I request and authorize my insurance company and/or Medicare to make payments of authorized benefits directly to Total Rehab-Orthopedic and Sports Specialists, P.C. I understand that I am financially responsible for any unpaid balance. I further authorize the release of any information necessary to satisfy my claim.

I understand what I have read and what was explained to me and agree to the terms and conditions stated above. I understand that either party may terminate this agreement at any time, upon written notice to the other party.

Patient's Name (print): _____

Patient's Signature: _____

Date: _____

Parent or Guardian's Name (print): _____

Parent or Guardian's Signature (if applicable): _____

Date: _____