



James C. Holmes, M.D.
Timothy J. Birney, M.D.
Edward H. "Ted" Parks, M.D.
Armodios M. Hatzidakis, M.D.

Rajesh Bazaz, M.D.
Kevin K. Nagamani, M.D.
Brian J. White, M.D.
Steven M. Traina, M.D.

Thomas G. Mordick II, M.D.
Benjamin W. Sears, M.D.
Sean Baran, M.D.
E. Patrick Curry, M.D.

Name of Patient: _____ Account #: _____

Patient Date of Birth: _____

RELEASE OF INFORMATION:

I hereby authorize release of any information acquired in the course of my examination or treatment to my insurance carrier.

Signed: _____ Date: _____
Patient or guardian signature

RELEASE OF BENEFITS:

I hereby authorize my insurance benefits to be paid directly to Western Orthopaedics, P.C. I understand I am responsible for all non-covered services.

Signed: _____ Date: _____
Patient or guardian signature

FINANCIAL AGREEMENT:

I the undersigned, individually obligate myself to the payment of my Western Orthopaedics, PC account incurred by the patient's service(s). I understand that I will be responsible for charges not covered by my health insurance carrier(s). I will be expected to pay my medical bill in full when I am discharged or at the time of provision of medical services, diagnostic services and/or procedures, unless I have made other arrangements with Western Orthopaedics, PC's financial department. Should these bills not be paid, I understand that my account and any of my healthcare information necessary for collection of the bill will be referred to an attorney or collection agency. I will be responsible for paying all attorneys' fees, court costs, other legal fees, collection agency fees, and costs incurred in collecting my medical payment, together with late fees and interest at the maximum rate allowable by law.

Disclosure

I have read and understand these documents and accept and agree to follow the conditions contained therein. I also understand that certain health information may be released to state and/or other federal agencies for reporting purposes unless otherwise stated below.

Signed: _____ Date: _____
Patient or guardian signature