ORTHOPAEDIC SPECIALISTS OF NORTH CAROLINA

Orthopaedic Surgery Sports Medicine Pyhsical Medicine & Rehabilitation Spine Care Joint Replacement

CONSENT TO TREAT AND BILL FOR PHYSICAL THERAPY SERVICES

PATIENT NAME: _____ **D.O.B.:** _____

I hereby authorize Orthopaedic Specialists of North Carolina through its appropriate personnel to perform or have performed upon me of the above named patient appropriate assessment and treatment procedures relating to my diagnoses. I consent for Orthopaedic Specialists of North Carolina to release any information required in the course of my examinations and treatment for the purposes of insurance and/or Medicare benefits payment. I consent to assignment of payment directly to Orthopaedic Specialists of North Carolina of all medical benefits applicable and otherwise payable to me through insurance or any other source. If I receive payment from my insurance company I understand that I must submit this payment to Orthopaedic Specialists of North Carolina immediately. I agree in consideration of the services rendered to me that I am hereby individually obligated to pay my account with Orthopaedic Specialists of North Carolina in accordance with its regular rates and terms. If signing as a patient representative, a parent or a guardian, or otherwise legally responsible person for the patient, I agree to the obligation described herein. I consent for Orthopaedic Specialists of North Carolina to act on my behalf in the collection of benefits from insurance carriers through whatever means deemed necessary and the endorsement of benefit checks made payable to me or Orthopaedic Specialists of North Carolina.

_____ _____

Signature of Patient **Date**

_____ _____ _____

Signature of Authorized Representative **Relationship to Patient** **Date**

I have had an opportunity to read and review a copy of the Orthopaedic Specialists of North Carolina Notice of Privacy.

_____ _____

Signature of Patient **Date**

_____ _____ _____

Signature of Authorized Representative **Relationship to Patient** **Date**

_____ _____

Witness **Date**