

**Myers Sports Medicine and Orthopaedic Center, L.L.C.**

**PATIENT ACKNOWLEDGEMENT**

By signing this document below and by initialing each paragraph, the patient or responsible party listed above acknowledges they have read and understood the following:

**PAYMENT RESPONSIBILITY**

\_\_\_ Payment for office services is payable in full at the time of service. Myers Sports Medicine and Orthopaedic Center operates exclusively on a cash-pay basis and does not accept insurance, co-payments, or co-insurance. Therefore, Myers Sports Medicine and Orthopaedic Center cannot accept responsibility for collecting or negotiating settlement on any disputed (1) health insurance claim, (2) worker's compensation claim, (3) accidental injury/illness, liability claim, (4) claim where patient is or will be represented by an attorney, and or (5) claim to be settled in a court of law.

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

\_\_\_ I authorize the physician to release any record, x-rays, and photographs acquired in the course of my treatment to referring physicians, hospitals or surgery centers.

**PHYSICIAN ASSISTANTS**

\_\_\_ Myers Sports Medicine and Orthopaedic Center utilizes Physician Assistants in our offices. Physician Assistants may provide care for you during your visit. By signing this form you give permission to have Physician Assistants assist in your care.

**CONSENT TO TREAT**

\_\_\_ I hereby voluntary consent to my treatment at Myers Sports Medicine and Orthopaedic Center and authorize such treatments, examinations and diagnostic procedures (including by not limited to the use of lab and radiographic studies) as ordered by my attending/ covering physician.

Patient Name \_\_\_\_\_ Account # \_\_\_\_\_

Signature of Patient/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_