SPORTS AND SPINE ORTHOPEDICS

Peter S. Borden M.D. Christopher F. Wolf M.D. Allyson Estess M.D.

Waiver of Responsibility

I understand that if I am unable to obtain the proper referral/authorization from my primary care physician for my insurance, and/or in the event my workman's compensation/automobile or personal liability insurance defaults, I will be financially responsible for the services performed by Sports and Spine Orthopaedics in full. Our financial policy is as follows:

We collect (payments & co-payments) at time of services are rendered. PLEASE BRING ALL INSURANCE CARDS at the time of your visit. If it is a workman's compensation, motor vehicle accident or personal injury claim, please have the correct insurance information, including name, address, and claim/file numbers. We require having your personal health insurance information on file, and if needed, a referral/authorization from your primary care physician for the visit. If you have any questions regarding this policy, please call our billing department at 310.375.8700.

I authorize release of any information concerning my health care and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the doctor. I also authorize release of all medical records from my previous treating physicians to my physician in this practice and for the physician in this practice to any other physician for the purpose of evaluation and treatment.

It is my responsibility to notify Sports and Spine Orthopaedics of any changes to my insurance coverage. I understand that by signing this form I am accepting financial responsibility as explained above. I also acknowledge that I have received a copy of the organization's Notice of Privacy Practices. This acknowledgement is required by the Health Insurance Portability and Accountability Act (HIPPA) to ensure that I have been made aware of my privacy rights.

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Patient Name Date Signed

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Patient Signature