



Receipt of Office Policies

I, _____, have been notified of the following Desert Sports Medicine and Shoulder Clinic, Arthroscopic Reconstructive Surgery of the Shoulder and Knee & Sports Medicine's office policies:

FINANCIAL POLICY:

I have read the Financial Policy. I understand that regardless of my insurance I am financially responsible for payment of services rendered. I authorize release of information to my insurance company (Medicare and/or any other insurance) for payment of claims for services rendered. I assign all insurance benefits to my provider. This authorization will remain in effect until revoked by me in writing.

Initial: _____

CASH PAY POLICY:

Thank you for choosing us as your health care provider. As a cash-paying patient, you are required to pay for the complete charges **on the day of service**, unless arrangements have been made prior to your appointment. All patients must read and sign this agreement before seeing the doctor.

Initial: _____

PRESCRIPTION REFILL REQUEST POLICY:

Initial: _____

PREVENTIVE MEDICINE, TEST ORDERS, AND OTHER SERVICES POLICY:

Initial: _____

PAPERWORK REDUCTION POLICY:

Initial: _____

NO SHOW POLICY:

Initial: _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES:

Initial: _____

MOTOR VEHICLE ACCIDENTS:

We do not bill any private health insurance for injuries resulting from an MVA. You will be asked to pay in full at the time of service and we will furnish billings for your auto insurance company or litigation to reimburse you. This will not affect any referrals you may need to get additional or continuity of care. We do not get involved in any litigation or lien process and any outstanding balances will be turned to an outside agency for recovery and the patient will be dismissed from the practice.

Initial: _____

SPORTS INJURIES:

Injuries that occur to children and young adults while participating in school sports activities can be treated and we will bill their school accident insurance or private health insurance. It will be the member's responsibility, however, to make sure we are a contracted provider for your plan.

Initial: _____