

Please print, read & initial each section in gray highlighted areas then sign and date below

FINANCIAL POLICY AND ASSIGNMENT AUTHORIZATION

Initial I understand that I become personally responsible for payment of charges in full to East Texas Prosthetic Orthotic Care, Inc. at the time services are rendered. I also understand that the verification of insurance, projected insurance coverage, and my estimated financial responsibility is subject to the benefit limitations, deductibles, and coinsurance listed and with my insurance policy/carrier. I understand that an insurance carrier's refusal to pay for services is an issue that must be resolved between the patient and the insurance carrier and does not nullify my financial responsibility.

Initial I hereby authorize the direct assignment (Payment) of insurance benefits to East Texas Prosthetic Orthotic Care, Inc. for services billable to my insurance company.

PHOTOGRAPH CONSENT

Initial As a patient of East Texas Prosthetic Orthotic Care, Inc., (ETPOC), I understand that photographs of devices provided to me will be taken at the time of delivery or as needed during the course of treatment. I understand that I am authorizing ETPOC to take my photograph for use in my medical file and to use at their discretion as record of services provided.

Initial As part of my photograph consent I also agree to allow ETPOC to use my photograph and image in its original and/or altered format for advertising, commercial marketing and commercial purposes to be included in all forms of advertising forms to include but not limited to print, brochures, clinical site digital sign, television commercials, website and internet.

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Initial I certify that I have the right to receive a copy of ETPOC's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of ETPOC's health care operations. The Notice of Privacy Practices also describes My rights and ETPOC's duties with respect to my protected health information. The Notice of Privacy Practices is posted in 812 N. Fourth St. Longview, Texas.

Initial ETPOC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment.

Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Description of Personal Representative's Authority

Date