



PROSTHETIC & ORTHOTIC INSTITUTE, INC. COMPANY POLICIES

FINANCIAL AGREEMENT

I agree that I am responsible for presenting Prosthetic & Orthotic Institute, Inc. with all required insurance information in order for claims to be filed. I understand that I am responsible for any balance that is not covered by insurance company(s).

ASSIGNMENT OF BENEFITS

I authorize direct payment of Medicare, Medicaid, Piedmont Medical Center, Springs Memorial Hospital, Carolina Medical Center and/or private insurance benefits to be made directly to Prosthetic & Orthotic Institute, Inc. for any product or services provided by Prosthetic & Orthotic Institute, Inc. on a continuing basis unless specifically revoked by me.

RELEASE OF INFORMATION

I authorize any holder of medical or other information about me to be released to Prosthetic & Orthotic Institute, Inc., their assignees or successors, such communication being needed to determine benefits payable for related claims for supplies or services furnished by Prosthetic & Orthotic Institute, Inc. I authorize Prosthetic & Orthotic Institute, Inc. to file my insurance claims and to release any medical information needed to my insurance company in order to process any medical claims.

PHOTOGRAPHIC CONSENT

I authorize any photography of me and/or my device by Prosthetic & Orthotic Institute, Inc. in connection with my diagnosis, treatment, or for reimbursement purpose. Photographs will be incorporated within the patient's medical record for documentation of care.

HIPAA PRIVACY POLICY

We are required by law to provide you with our Notice of Privacy Practices which explain how we use and disclose your health information. We are also required to obtain your signature acknowledging that this notice has been made available to you.

A copy of Prosthetic & Orthotic Institute, Inc.'s Notice of Privacy Practices has been made available to me.

Patient's Name _____

Signature _____ Date _____
(Patient or Authorized Representative)

Relationship to Patient: _____ Self _____ Spouse _____ Parent _____ Other