



## PATIENT PAYMENT POLICY

The fee schedule of University Orthopedic Center is based on usual and customary fees for the type of services provided.

Generally, your insurance policy will cover some portion of the services provided. **Please Note:** There is no guarantee of payment. Should your insurance carrier deny payment, the total uncovered balance will be transferred to personal pay and will be your responsibility.

### Benefits:

Monthly statements will be sent to your home advising you of the status of your account. Payment for your portion of services, as outlined in the monthly statement under the "Due from Patient" column must be paid within fifteen (15) days of receipt of the statement.

**I attest that my insurance coverage and personal financial responsibilities regarding physical therapy treatment have been fully explained to me.**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Kim Hugar \_\_\_\_\_

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### AUTHORIZATION TO RELEASE INFORMATION

I give consent to the University Orthopedic Center, to disclose information from my medical record to my insurance carrier for the purpose of billing; to my attending physician or other healthcare professionals directly involved in my care. I understand that confidentiality of my medical records is protected under state and federal law and that this release gives consent to University Orthopedic Center, only and not to any part to whom such information is released.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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### MEDICARE PATIENTS ONLY

I request that payment of authorized Medicare benefits be made to me on my behalf to the practitioner named above, I authorized any holder of medical information about me to release to the Centers for Medicare Services and its agents any information needed to determine benefits of the benefits payable for related services. I have read and understand all of the foregoing information.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

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*University Orthopedics Center appreciates your cooperation and welcomes the opportunity to serve you.* 101 Regent Court, State College PA 16801 (814) 231-8169 FAX (814) 231-8569