

RELEASE & CONSENT FORM

ASSIGNMENT OF BENEFITS

The undersigned customer requests that payment of authorized insurance benefits be made on the customer's behalf to Unity Prosthetics and Orthotics for any services furnished. The customer understands that the below signature requests the payment by the insurance carrier be made directly to Unity Prosthetics and Orthotics.

MEDICAL INFORMATION RELEASE AUTHORIZATION

The undersigned customer authorizes any holder of medical information about the customer to be released to Unity Prosthetics and Orthotics or its agents which may be needed to determine benefits or the benefits payable for related services. The customer understands that the below signature authorizes release of medical information necessary to pay the claim.

VIDEO AND PHOTOGRAPH CONSENT

The undersigned agrees consent to being photographed and/or videotaped for use in patient records and clinical evaluations. The undersigned understands that these images may be used for clinical, educational and/or promotional purposes on behalf of Unity Prosthetics and Orthotics in any format including social media and/or accessed in the public domain on the world wide web.

FINANCIAL RESPONSIBILITY CONSENT

The undersigned agrees to assume financial responsibility for any claim or portion of claim thereof, due Unity Prosthetics and Orthotics for services provided and not covered by the insurance policy as of the date listed below. If the insurance company denies coverage for a product, the undersigned will assume financial responsibility for its payment. The undersigned acknowledges the responsibility for any payment not received from the insurance carrier within ninety (90) days from the date of service. The undersigned also acknowledges that payments of the co-insurance and deductible are due at the time of delivery.

If you make a payment that results in a surplus on your account, you authorize Unity Prosthetics and Orthotics to apply the overpayment to any other account for which you are financially responsible, including your account, a member of your family's or dependent's account, or on any account for which you are a financially responsible party, and any remaining balance will be returned to the payor.

In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs incurred from collections and/or legal processes.

MEDICARE SUPPLIER STANDARDS

The undersigned acknowledges understanding of the Medicare Supplier Standards as furnished by Unity Prosthetics and Orthotics and confirms the opportunity to receive the same from supplier.

Please sign below stating that you have read, understand and acknowledged the above information regarding your consent for the use and disclosure of protected health information.

Patient/Parent/Guardian Signature

Patient/Parent/Guardian Printed Name

Date

Relationship to Patient