

Children's Orthotic & Prosthetic Services, Inc.

40 Park Lane, Highland, NY 12528

Tel: (845) 883-3038

Assignment of Benefits / Authorization to Release Information

I request that payment of authorized Medicare, Medicaid, or private insurance benefits be made to Children's O&P Services, Inc., for any covered services furnished to me by Children's O&P Services, Inc. I agree to pay to Children's O&P Services, Inc., the deductible and/or coinsurance on my claim.

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents, Champus and its agents, or to any private insurance company any further information needed to determine these benefits or the benefits payable for related services.

I further certify that the information provided by me is true, accurate and complete.

If this is a private insurance claim, I further agree to be responsible for the full amount of the charges from the date of delivery if my private insurance company does not pay for the charges in a timely manner, or my physician or I fail to provide within thirty (30) days the information necessary to submit the claim for payment.

Photography Release

I hereby grant to Children's O&P Services, Inc. the irrevocable and unrestricted right to use and publish photographs and or video of me or my child, or in which I may be included, for demonstrations and publications, electronic reproductions (web sites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer and Children's O&P Services, Inc. from all claims and liability relating to said photographs.

Cancellation Policy

Please be advised that by making an appointment with Children's O& P Services, Inc., you are agreeing to abide by the billing policies of our practice. There will be a fee, billed to you personally, if you do not provide at least 24-hours notice of a cancellation or change in your appointment date or time. This policy will be enforced for both new patients as well as established patients. In addition, there will be a fee, billed to you personally, if you do not show for your appointment.

There are no health insurance policies that cover fees for missed appointments or "No-Show" appointments.

Our staff will be happy to answer any further questions regarding this policy.

By signing below, I am acknowledging receipt of this form and accept the conditions herein.

(Signature)

(Print)

Date