

Orthopedic Surgeons of Kokomo and the patient, or their guardian, enters into this agreement. It is valid for the duration of patient's doctor-patient relationship with any and all Orthopedic Surgeons of Kokomo health care providers. <u>Due to the fact that we do not have contracts with all insurance companies, it remains the patient's responsibility to be familiar with their plan and providers. Regardless of whether our physician has a contract with your insurance, the patient or responsible party guarantees payment for all services received.</u>

Some health plans require pre-approvals for some or all services. The patient accepts the responsibility to see that proper authorization is obtained.

Our physicians will have an appropriate treatment plan for the patient. In the event your insurance carrier considers some services medically unnecessary, non-covered and/or inclusive and denies payment, the patient agrees to pay for these services.

The patient authorizes the release of any and all health information to other organizations for the purpose of treatment or payment, and authorizes all health benefits to be paid directly to Orthopedic Surgeons of Kokomo.

Signature of Responsible Party Date