WISCONSIN RIVER ORTHOPAEDIC INSTITUTE
FINANCIAL POLICY, AUTHORIZATION AND RELEASE OF PHI

I, the signee, hereby consent to and authorize the attending physician, their assistants, therapists, and any designees of Wisconsin River Orthopaedics, Ltd. or the Surgery Center of Wisconsin Rapids, collectively Wisconsin River Orthopaedic Institute (WROI) to perform such examinations, procedures, treatments, and to administer such medications as in their opinion necessary or advisable. I understand that the entities of WROI are not responsible for the loss of valuables such as wallets, purses, dentures, glasses, hearing aides, etc.

I request and authorize that payment of approved Medicare benefits and the benefits of other insurance plans be made on my behalf to the entities of WROI for any services furnished by facility, physician, therapist, or clinic staff. I authorize any holder of my Protected Health Information (PHI) to be released to the Centers for Medicare and Medicaid Services (CMS) and its agents, as well as any information needed to determine these benefits or the benefits payable for related services. I permit a copy of this authorization to be used in place of the original.

I understand that my Protected Health Information (PHI) is protected by law (as under current HIPAA regulations) and have been offered WROI's Notice of Privacy Practices.

I authorize WROI and its affiliates to release my PHI information, including medical and billing information, to my doctors, insurance companies, the responsible party named below and immediate family members on behalf of myself and/or dependents for the purposes of providing me with proper healthcare (treatment), to inform my family members of my condition, to inform appropriate agencies during disaster relief efforts, or where applicable by the Privacy Compliance Rule. WROI will not use PHI for the purposes of financial gain.

I also authorize my referring physician offices and other healthcare entities to release all prior films and other PHI as requested by WROI for the purposes of providing appropriate healthcare. Other uses or disclosures of PHI not covered by this notice or the laws that apply to WROI will be made only with my written permission. I may revoke my permission at any time in the future, even if I do not do so at this time. This authorization will automatically expire one year from the date of my signature below.

FINANCIAL POLICY:

BASIC POLICY: Payment for services are due in full at the time of the services is provided. New patients without insurance or those patients with delinquent accounts will require an advance payment of $300 - $400.

MEDICAL ASSISTANCE PATIENTS All Medical Assistance patients must provide a current, valid ID card before being seen. **Please be aware, we are not providers of all Medical Assistance HMO Plans. If you are out-of-network you may need to seek treatment elsewhere to be eligible for benefits.**

NONCOVERED SERVICES Any care not paid for by my existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

PERSONAL INJURY CASES This office does not bill for auto accident or other liability or lawsuit-related cases. You are responsible for payment at the time of service. We do not accept liens.

WORKER'S COMPENSATION If your injury is work-related, we will need a **copy of the first report, the case number and carrier name and address** prior to your visits in order to bill the worker's compensation insurance company.

MISSED APPOINTMENTS In fairness to other patients and the doctor, we required at least 24 hours' notice to cancel appointments. **You may be charged a $40 no-show fee or may be dismissed from our practice if you do not reschedule or notify our office of a cancellation.**

I have read, understand and agree to the policies and permissions outlined above.

_____ _____ Date: _____

(Signature of Patient) (Print Patient Name)

_____ _____ Date: _____

And when applicable signature of: (Print Name)

_____Parent or Legal Guardian or _____Power of Attorney