

LIFETIME SIGNATURE AUTHORIZATION

Dear Patient:

Central Jersey Orthopaedic Specialists, P.A. is pleased that you have selected this group to provide for your medical needs. Central Jersey Orthopaedic Specialists, P.A. is asking you to review the following Lifetime Authorization Statement. Please do not hesitate to ask a staff member for clarification on any part of this document. If you are comfortable with the document, please sign where indicated and return it to the receptionist. If you disapprove, Central Jersey Orthopaedic Specialists, P.A. certainly respects your right of refusal. However, please be aware that Central Jersey Orthopaedic Specialists, P.A., without your legal signature, cannot file with your insurance carrier for the services you are scheduled to receive. Therefore, Central Jersey Orthopaedic Specialists, P.A. will have no alternative but to require that you be responsible for the cost of services rendered in full.

Thank you in advance for your cooperation.

LIFETIME AUTHORIZATION STATEMENT

Central Jersey Orthopaedic Specialists, P.A. agrees to bill my health/auto insurance carrier and/or Medicare Part B whenever possible. I request my health/auto insurance carrier to pay Central Jersey Orthopaedic Specialists, P.A. directly all benefits due me related to my pending claim for medical and/or surgical services. I understand that Central Jersey Orthopaedic Specialists, P.A. does accept assignment for Medicare and payments will be directed to Central Jersey Orthopaedic Specialists, P.A. I also understand that I will be responsible for all unpaid balances for services rendered, whether they are due to applicable co-payments, coinsurance, deductibles, no valid referral, non-covered services and items, unauthorized services, or any fees denied. Should the account be referred for collection procedures, I will also pay a 35% delinquency surcharge and any attorney's fees and collection expenses including court costs incurred to obtain payment of my bill.

CONSENT FOR TREATMENT

I authorize Central Jersey Orthopaedic Specialists, P.A. to treat as necessary for which my minor child or I are being seen. This includes, but is not necessarily limited to, injection, fracture care, casework, rehabilitation, or any other treatment deemed proper care of my injury or illness.

RELEASE OF MEDICAL RECORDS

I hereby authorize Central Jersey Orthopaedic Specialists, P.A. to release any medical information in connection with these services to any person or corporation which is or may be liable for all or any portion of the patient's charges, including insurance companies, health care service plans, workman's compensation carriers to the extent necessary to obtain reimbursement. Also, to the patient personal physician, referring physicians, or primary care physician

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS ALL THE ABOVE, AND AS THE PATIENT, GUARANTOR, OR THE PATIENT'S RESPONSIBLE PARTY, AGREES TO AND ACCEPTS THE TERMS.

Signature of Patient/Responsible Party
Beneficiary Name

Date

Health Insurance ID#