Financial Policy Consent Form

I have been provided with a complete copy of the Financial Policy for Perimeter Orthopaedics, P.C. and Perimeter Outpatient Surgical Assoc, Inc. I also agree that the original copy of this financial policy consent form will become a legal document in my patient file(s). I understand that at any time, I may be provided with a copy of the entire Financial Policy upon request.

I have read, understand, and agree to comply with all the above Financial Policies. I understand that payment for any known non-covered charges by my insurance company may be required at the time of visit; otherwise I will be billed at a later date. I am also responsible for all applicable co-payments and deductibles at the time services are rendered.

This financial policy will supersede any previous financial policies that may be on file with our office.

I authorize my insurance benefits be paid directly to Perimeter Orthopaedics, P.C.; (Tax ID#58-1646346) and/or Perimeter Outpatient Surgical Associates, Inc.; (Tax ID#58-2430839).

I authorize Perimeter Orthopaedics, P.C. and/or Perimeter Outpatient Surgical Associates, Inc. to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim as it complies with HIPAA guidelines.

I acknowledge and agree that Perimter Orthopaedics, P.C./Perimeter Outpatient Surgical Associates, Inc,. and any affiliates of vendor thereof, including collection or billing companies, may contact me by telephone or text message to any telephonic number I have provided to you, and any other telephone number associated with my account, including wireless or mobile telephone numbers. I further agree that you may use any method of contact to these numbers, such as an Automated Telephone Dialing System (ATDS) or prerecorded message. I also agree that I will notify Perimeter Orthopaedics, P.C./Perimeter Outpatient Surgical Associates, Inc. if I have given up owndership or control of any such telephone number.

Date	**Patient or Guardian Signature**	**Printed Name**
Date	**Employee Signature**	**Printed Name**