



Insurance Information

(PLEASE GIVE ALL INSURANCE CARDS & COPAY AT CHECK IN BEFORE YOUR VISIT)

Primary Insurance

Secondary Insurance

Insurance _____

Insurance _____

ID# _____

ID# _____

Group# _____ DOB _____

Group# _____ DOB _____

Insured Name _____

Insured Name _____

Relationship to Patient _____

Relationship to Patient _____

Insured/Parent SSN _____

Insured/Parent SSN _____

Insurance Authorization and Assignment Information

I hereby authorize ETSOS to furnish pertinent information to my insurance carrier(s) and referring/consulting physicians

concerning my illness, injury or treatment. I assign payment of benefits directly to the physician for any medical services received by me or by my dependent. I understand that insurance coverage and benefits vary according to the policy and I agree to be responsible. In the event that the services I receive are experimental, investigational, or non-covered services, in or out of network. I understand that I will be held responsible for payment. I have the right to request reconsideration of a determination of non-payment. I understand that I will be responsible for all physician, facility and ancillary charges, as well as any other related expenses. I understand that I will be responsible for non-covered charges, I will be responsible for timely payment of service(s), collection fees, attorney fees and any court costs if necessary. **THIS AUTHORIZATION IS IN EFFECT FOR ALL FUTURE CLAIMS.**

MEDICAL CONSENT RELEASE FORM

I _____ give East Tennessee Spine & Orthopaedic Specialists permission to call my home, cell or work numbers for appointment reminders and leave a message if needed. I will be considerate and call to cancel or reschedule my appointment at least 24 hours before my appointment time.

I give my consent to release medical information (verbally or written) to the person listed below.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I HAVE RECEIVED A COPY OF "NOTICE OF PRIVACY PRACTICES AND INDIVIDUAL RIGHTS"

*****SIGNATURE***** _____ **DATE** _____

Form must be completely filled out