

**Alabama Orthopedic, Spine & Sports
Medicine Associates
52 Medical Park East Dr, Ste 115
Birmingham, AL 35235**

Patient Authorization to Release Information and Assignment of Benefits

I hereby authorize Alabama Orthopedic, Spine & Sports Medicine Associates to release any information in the course of my examination or treatment to any insurer or government agency providing benefits for me. I further authorize payment directly to the physician(s) of all benefits payable under the terms of my insurance policy and agree to pay the difference of the bill including any co-pays due at time of treatment. In the event this account is turned over to a collection agency or attorney for collection, I shall additionally pay all costs of collections, including reasonable attorney's fees.

SIGNATURE OF PATIENT/LEGAL GUARDIAN: _____
(Additional forms required for Medicare and Medicaid Patients)

Privacy Practices Acknowledgement

I acknowledge that I have received a copy of Alabama Orthopedic, Spine & Sports Medicine Associates' Notice of Privacy Practices:

_____ Date _____

I also authorize Alabama Orthopedic, Spine & Sports Medicine Associates to disclose my protected health information to the following:

(CHECK ONLY ONE)

- My Self Only
- Any Family Member
- Husband/Wife (Name _____)

Only to: _____
(Name _____ Relationship _____)

Forms, Chart Notes and X-rays/MRI's

There is a \$7.00 prepaid fee for completing patient forms. The minimum time for completion of these forms is ten (10) working days.

Copying of chart notes or records is subject to the following rates:
\$5.00 search fee plus \$1.00 per page up to 25 pages, then 50 cents per page up to 50 pages and after 50 pages the per page charge is 25 cents.

X-ray/MRI copying fees are \$5.00 per sheet or \$5.00 per CD. A two day prior notice is required for this service and cannot be done on Mondays or Wednesdays.

PLEASE NOTE: Outstanding balances due from the patient must be paid in full before any of these services can be provided.