



GIKK ORTHO SPECIALISTS



****Third Party Payor Agreement****

I hereby authorize MDWest One, P.C. to furnish third party payors with any information concerning the medical care, treatment, and billings. I hereby assign to MDWest One, P.C. all payments for medical services to be rendered to me or my dependents, and I authorize direct payment for such benefits to MDWest One, P.C. by any third party payor. I also agree that if any dispute arises between MDWest One, P.C. and me, the laws of the State of Nebraska shall govern, and all disputes between MDWest One, P.C. and me must only be litigated in the appropriate court in Douglas County, Nebraska, and I consent to personal jurisdiction and venue being proper in the appropriate court located in Douglas County, Nebraska.

Release of Health Information I authorize MDWest One, P.C. to release my health & billing information to:

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Appointment Reminders I authorize MDWest One, P.C. in the event I am unreachable to leave a message regarding my appointment time, changes, or scheduling information on my answering machine, voice mail, or with the person answering the phone.

Preferred Method of contact for appointment reminders or changes Phone Text Email

Policy Notice Receipt of Acknowledgement (initial each)

_____ I acknowledge that I was offered a copy of the Notice of Privacy Practices.

_____ I acknowledge that I was offered a copy and agree with the terms of the Financial Policy

Signature of patient or authorized legal guardian/agent

Date

Print Name