

Southern Orthopaedic Specialists, P.C.

Consent Disclosures

AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any and all collections agency fees, (33.33%), attorney fees and/or court costs, if such be necessary.

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE: You agree, in order for us to service your account or to collect monies you may owe, Southern Orthopaedic Specialists and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending you text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

NON-COVERED ROUTINE SERVICES POLICY: As your physician, I want to provide you with the best care possible. There may be certain routine services that I feel are necessary for the maintenance of good health that are not covered by your insurance contract, for example, I may order orthopaedic supplies (aircast, braces, heel cups, Ted hose, etc.). Let me assure you that I will order only those items that I feel are necessary for your treatment and care.

If you have any questions regarding any of our policies please speak to someone in the office and we will be happy to assist you.

Patient/Responsible Party

Date