24076 S.E. Stark, Suite 110
Gresham, Oregon 97030
Phone (503)661-5388
Fax (503)666-9393

ASSIGNMENT OF BENEFITS

AUTHORIZATION FOR INSURANCE OR PAYMENT/FINANCIAL RESPONSIBILITY

I authorize the release of any medical information necessary to process insurance claims, and I authorize payment of medial benefits to Advantage Orthopedic and Sports Medicine Clinic, LLP. I am financially responsible for all services provided to Advantage Orthopedic and Sports Medicine Clinic, LLP to me or my dependents. If Advantage Orthopedic and Sports Medicine Clinic, LLP is not a participating provider in my insurance plan, I understand that payment is required at the time of service. If my insurance requires a referral from my primary care physician, I will provide the referral and authorization at the time of service. I understand I am financially responsible for any and all charge not covered by my insurance company. I understand co-pays are due at the time of service along with any deductibles or non-covered services.

ACKNOWLEDGEMENT AND CONSENT

A **NOTICE OF PRIVACY PRACTICES** is provided to all patients on their first visit. This Notice of Privacy Practices identifies how medical information about you may be used or disclosed. It explains your rights to access your medical information; to request an accounting of disclosures of your medical information and to request addition restrictions on our uses and disclosures of that information. It explains your rights to complain if you believe your privacy rights have been violated, and our responsibilities for maintain the privacy of your medical information, and letting you know if that privacy is breached.

The undersigned has received or been offered a copy of the **NOTICE OF PRIVACY PRACTICES** and is the patient or the patient's personal representative.

Name of Patient and Personal Representative (if applicable)

Signature

Date