

Scott Sabolich Prosthetics & Research, LLC
Admission Consent Form

I, _____, am in need of a prosthesis and hereby consent to Scott Sabolich Prosthetics & Research, LLC (Sabolich) providing the care and services attendant to my prosthetic needs. I understand that the practice of prosthetics is not an exact science and that use of a prosthesis could involve risk or injury or severe bodily harm. I acknowledge that no guarantees have been made to me as to my ability to use my Sabolich prosthesis once fitting is complete.

Waiver and Release for Non-Prosthetic Care. I further understand that Sabolich's sole business is to fit prostheses. Prior to coming to Sabolich, I have been instructed on safe transfer techniques. If at any time during my prosthetic fitting, I need assistance to transfer from chair, wheelchair, table or commode, I hereby release Sabolich, its directors, officers and staff from any liability associated with any injury I may incur during any such transfer whether assisted or not.

Waiver and Release for Photography/Videotaping. If during the fitting process, photographs or videotapes are made of me, I waive all rights that I may have to any claims for payment or royalties in connection with any display, televising or publication of the pictures and further release Sabolich, its directors, officers, and staff from any liability in connection with the use of such picture(s) and related materials.

Assignment of Benefits. As a courtesy to patients and their families, Sabolich submits claims to many third-party payors. I request that payment of authorized Medicare, Medicaid or private benefits be made to "Scott Sabolich Prosthetics & Research, LLC" for any covered services furnished to me by Sabolich. If my insurance carrier pays me directly, I agree to forward all funds to Sabolich within ten (10) working days. Under some plans, including Medicare, I understand some of the services I may receive may be non-covered. I agree I am responsible for paying all non-covered on unpaid amounts unless otherwise provided by law, regulation or Sabolich's contractual relationships. I agree to be responsible for the full amount of the charges from the date of delivery which my third-party payor does not pay for in a timely manner or if my physician or I fail to provide within thirty (30) days the information necessary to submit the claim for payment.

Disclosure of Information. I understand that my medical records and billing information are made and retained by Sabolich and are accessible to Sabolich personnel who may use and disclose medical information for Sabolich's operations and functions and to any other health care personnel involved in my continuum of care for this admission. During my visits to Sabolich, I will come in contact with other Sabolich patients who may be encouraged by my progress and whose progress may be encouraging to me. I do ____ do not ____ agree to the exchange of a limited amount of information about my case to be used to encourage others.

Release of Records. I authorize Sabolich to release to any governmental health care program and its agents or to any private insurance company or its agents any information needed to determine my benefits payable for Sabolich services.

I hereby authorize my attending physician to release all medical records pertaining to my prosthesis to Sabolich. I UNDERSTAND FURTHER THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT IS NOT LIMITED TO DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOW AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

Acknowledgement of NOTICE OF PRIVACY PRACTICES. A complete description of how my medical information will be used and disclosed by Sabolich has been given to me in Sabolich's NOTICE OF PRIVACY PRACTICES. I have been given the opportunity and been advised to read the notice prior to signing this consent form.

Patient (or parent/guardian representative)

Date

Relation to patient

Witness