

Southwest Sports Medicine &
Orthopaedic Surgery Clinic,LTD.
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PATIENT/INSURED AGREEMENT

Benefits for medical,physical therapy and diagnostic services vary from plan to plan. Additional, “Out-of-Network” benefits are subject to deductibles that can range from \$250 to \$2,500 or more for various types of services.

In an effort to provide clear communication with our patients, please be advised as follows:

- The contractual agreement for your medical benefits is between you and the insurance company. We provide billing as a courtesy.
- For all insurance companies that we have a contractual agreement with,we will accept the “In-Network” benefits as outlined on the individual Explanation of Benefits. You (the patient/insured) will still be responsible for any and all co-pays,deductibles or coinsurance amounts due in accordance with the Explanation of Benefits.
- For all insurance companies that we **DO NOT** have a contractual agreement with, we will accept the “Out-of-Network” benefits,if such benefits are available. You (the patient/insured) will still be responsible for any and all co-pays,deductibles or coinsurance amounts due in accordance with the Explanation of Benefits.
- For all non-contracted insurance companies, you (the patient/insured) will be responsible for all charges in accordance with Southwest Sports Medicine’s “Private Pay” fee schedule.
- When insurance benefits have been exhausted and/or terminated, you (the patient/insured) will be responsible for the charges incurred in accordance with Southwest Sports Medicine’s “Private Pay” fee schedule.
- Our staff will call to verify coverage for physical therapy benefits as to how many visits per year or injury incidents are covered. We cannot,however, verify if all services/modalities will be covered by a particular benefit plan.**THIS IS YOUR (THE PATIENT/INSURED’S) RESPONSIBILITY!**
- In all cases, you (the patient/insured) will be responsible for any non-covered services,deductibles,co-pays and coinsurance amounts deemed as patient responsibility by your insurance company

THIS AGREEMENT SUPERSEDES ALL OTHER VERBAL AGREEMENTS

I have read and agree to be financially responsible for all services both COVERED and NON COVERED by my insurance company.

PATIENT/INSURED SIGNATURE

DATE

Revised 12.8.05/mrico