



PLYMOUTH OFFICE
41 Resnik Road
Plymouth MA 02360
Phone: 781.934.2400

DUXBURY OFFICE
95 Tremont Street
Duxbury MA 02332
Phone: 781.934.2400

SANDWICH OFFICE
290 Route 130
Sandwich MA 02563
Phone: 781.934.2400

AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I authorize Plymouth Bay Orthopedic Associates, Inc. (PBOA) to furnish information acquired in the course of this examination or treatment to my insurance company for the purpose of payment. I, hereby assign to PBOA all payments for medical services rendered to me and or my dependents.

STATEMENT OF FINANCIAL RESPONSIBILITY

I understand that this assignment does not lessen my financial responsibility. I agree to be responsible for any payment of any and all unpaid services/charges rendered on behalf of myself or my dependents, including any fees for collection services. Plymouth Bay Orthopedic Associates, Inc., reserves the right to request payment at the time services are rendered.

PRESCRIPTION HISTORY CONSENT

I authorize Plymouth Bay Orthopedic Associates, Inc., (PBOA) to obtain a history of my prescriptions during the course of medical care rendered by any provider at PBOA

ACKNOWLEDGMENT RECEIPT OF PRIVACY PRACTICES

I acknowledge that I have read the Notice of Privacy Practices and have been offered a copy.

By signing, I certify that i have read, comprehended and consent to the entirety of the above information.

Signature of Patient

Date

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian

Date