



5307 Yellowstone Rd
Cheyenne, WY 82009

Phone:307-632-7677
Fax: 307-778-8292

(All patients must read and sign form prior to receiving services)

Thank you for choosing SMART Sports Medicine Center as your healthcare provider. We are dedicated to providing the best possible healthcare and rehabilitation to you, our patient. As a part of our professional relationship, it is important that you understand our consent, financial and HIPAA agreement.

- **CONSENT FOR MEDICAL TREATMENT**

I authorize and consent to medical treatment.

- **FINANCIAL AGREEMENT**

By accepting the services provided to me, I agree to be financially responsible for **all charges** for treatment.

I understand that my insurance policy is an agreement between my insurance company and myself and that I am responsible for my knowledge of the policy provisions, including co-pays, non-covered services, and network inclusions.

SMART sports will file my insurance as a courtesy to me and I am required to provide complete and accurate information.

I understand, at the time of service, I will be responsible to pay all co-pays and non-covered services, equipment or items not covered by my insurance company. I am responsible for any unpaid insurance balances. I will also be responsible for any attorney fees or collections related charges.

I do hereby authorize my insurance carrier to pay directly to SMART Sports the insurance benefits otherwise payable to me for services rendered.

For Motor Vehicle Accidents: in the case of a motor vehicle accident, we only bill your motor vehicle insurance. We do not bill third party claims and we do not accept liens. If you have a third party liability claim, you will be required to pay at the time of each visit.



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- **RELEASE OF MEDICAL INFORMATION**

I authorize SMART Sports Medicine Center to release any medical information necessary to process my insurance claims. I expressly consent and agree that, in order to discuss or service my accounts (the "Accounts") or to collect amounts I may owe, SMART Sports and its officers, agents, affiliates, employees and any affiliated or associated service providers and any third-party debt collection agency associated therewith (collectively, "We") may contact you by telephone at any number associated with the Accounts, including wireless telephone numbers, which could result in charges to me. I expressly consent and agree that We may also contact me by sending text messages, emails using any email address I provide, or by pre-recorded or artificial voice prompts at any telephone number associated with the Accounts, including wireless or mobile telephone numbers, regardless of whether I incur charges as a result.

- **MISSED OR CANCELLED APPOINTMENTS**

In order to accommodate other patients who may be waiting for treatment, we require 24 hours notice if you must cancel. We reserve the right to charge a **\$35.00** fee for any appointments not kept or cancelled within 24 hours.

- **HIPAA PRIVACY PRACTICE NOTICE**

I acknowledge that there is a copy of the **Notice of privacy Practice** displayed in the office and on SMART Sports website www.smartsportsmed.com that I will be given a copy of if requested.

I have read and understand the above.

Signature _____ Date _____