



Richard A. Wathne, M.D., F.A.C.S., A.B.O.S.
Benjamin Blair, M.D., A.B.O.S.
Anthony E. Joseph, M.D., F.A.A.F.P., C.A.Q.S.M.
S. Jeffrey Bray, D.P.M., F.A.C.F.A.S.
Gregory M. Ford, M.D., M.S.
S. Boe Simmons, P.A.-C
Justin C. Pool, P.A.-C

Eighteenth Avenue Medical Plaza
333 North 18th Avenue, Suite D-1
Pocatello, Idaho 83201
(208) 233-2100
Fax (208) 233-3146
www.pocatelloorthopaedics.net
www.wathneortho.com

Welcome to Pocatello Orthopaedics & Sports Medicine Institute; Richard A. Wathne, M.D., Benjamin Blair, M.D., Anthony E. Joseph, M.D., S. Jeffrey Bray, D.P.M., and Gregory M. Ford, M.D. Our staff looks forward to assisting you and making your visit with our organization a pleasant one.

At your initial visit, we request a minimum payment of \$50.00. If you are covered by insurance, we are required to collect any applicable co-pays at each visit thereafter. We accept cash, check or debit/credit card. If you do not have insurance coverage, we request a minimum payment of \$200.00 upon your initial visit. In addition, you will be asked to make arrangements to pay for future visits at the time of service. Monthly payments are required to keep an account current, regardless of insurance coverage.

All accounts 90 days past due will be assessed a **FINANCE CHARGE** of 1.5% per month.

I authorize Pocatello Orthopaedics & Sports Medicine Institute, P.A., (POSI) to release any information required to process my claims and necessary in the course of examination and treatment. I assign my insurance proceeds and/or health benefits to POSI and authorize my insurance company and/or benefits administrator to pay these assigned proceed/benefits directly to POSI. I give my informed consent for physicians of POSI and medically licensed staff members to perform necessary treatment for me or my minor child. I understand that I am financially responsible for all charges whether or not paid by my insurance and/or benefits administrator. If my account is assigned to a collection agency for collection and suit is filed to recover payment on my account, I agree to pay as a reasonable attorney's fee 35% of the principal and interest on my account balance, \$385.00, or any sums awarded by the court, whichever is greater. I agree to pay reasonable costs of suit. I further agree to pay a collection fee of 33% of the principal amount to reimburse POSI its collection costs if my account is assigned to a collection agency.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and other pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance.

PLEASE READ AND SIGN THE FOLLOWING:

I directly assign all medical/surgical benefits to Pocatello Orthopaedics & Sports Medicine Institute and understand that I am financially responsible for all charges, whether or not paid by insurance. I hereby authorize Pocatello Orthopaedics & Sports Medicine Institute to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

I, the undersigned, acknowledge and agree that I have read a copy of Pocatello Orthopaedics & Sports Medicine Institute Notice of Privacy Practices.

_____ Date _____

Patient/ILegal Guardian Signature