

GULFCOAST ORTHOPAEDIC SPECIALISTS, L.L.P.

HERBERT GATES III, M.D.  LEON P. MEAD, M.D.

Diplomats of the American Board of Orthopaedic Surgery

HIPAA PRIVACY & FINANCIAL AGREEMENT

I understand that I am ultimately responsible for all charges incurred for services received. All co pays & deductibles are due at the time of service. All monies are due when Gulfcoast Orthopaedics does not participate with my insurance. I understand my insurance will be billed for me as a courtesy for my reimbursement. I will pay the 20% due if I have a Medicare secondary payor that does not "medigap". I further agree in the event of non-payment, to bear the cost of collection {balance due plus 25% } and/or Court costs and legal fees should this be required.

_____ Date _____
Patient or parent of minor child

MEDICAL RECORDS RELEASE

I hereby authorize Leon Mead, M.D. and the staff of Gulfcoast Orthopaedic Specialists to obtain or release my medical records according to HIPAA Privacy regulations. I have read or had access to the privacy policies and grant authorization by my signature here when it concerns my direct care/legal cases that accompany a signed authorization by me or insurance inquiries.

_____ Date _____
Patient or parent of minor

MEDICARE/INSURANCE AUTHORIZATION AND ASSIGNMENT OF BENEFITS

I authorize Gulfcoast Orthopaedic Specialists to accept an assignment of benefits for services for which I have not previously paid for. I permit a copy of this authorization to be used in place of the original. In doing this I authorize my insurance company to pay Gulfcoast Orthopaedic Specialists directly when it claims assignment of benefits. This does not however release me from any financial responsibility for non-covered charges or unpaid benefits. When Dr. Mead does not participate with my insurance I will be responsible for 100% of my charges at the time of service.

_____ Date _____
Patient or parent of minor