



Welcome To Lowcountry Spine & Sport, LLC

We welcome you to our practice, and look forward to the privilege of meeting your health care needs. Please don't hesitate to let us know at any time if we are not meeting your expectations or if you have questions. We have attached an optional satisfaction survey that will allow us to know how we can better improve our service. Below is some information about certain policies of our practice that you need to understand.

Collection of Patient Amounts Due

Insurance companies require that we collect any co-pay or co-insurance amounts at the time of service. We will collect the co-pay amounts at the time of check-in to avoid a wait at check-out. Please understand that you will be responsible for any amounts not paid by your insurance company.

Patients without insurance will need to make arrangements to pay their balance. We do offer a 20% discount for uninsured patients who pay at the time of service. We appreciate your assistance with this.

General Consent for Treatment

The patient, or designated representative, requests and authorizes this office to provide general medical care. This will include, without limitation, routine diagnostic procedures and medical treatments. If the patient is a minor, the individual signing below is indicating that they are the legal guardian and authorized to provide treatment.

Assignment of Payment

I hereby authorize payment of medical benefits directly to the practice for their services and to release any information acquired in the course of my examination or treatment for insurance purposes. I understand that records may be transmitted electronically or by mail as required.

Acknowledgement of Receipt of Notice of Privacy Practices

This signed form acknowledges that you have received a copy of our practice's Notice Of Privacy Practices as required by federal law, either on this visit or previously. Your signature does not mean that you have read this notice yet, only that you were given a copy to read when convenient for you. The Notice is yours to keep.

Prescriptions

It is important that you get all your prescriptions filled or refilled at the time of service. Please keep in mind we have a 24-48 hour prescription refill policy for medications called or faxed to your pharmacy.

Missed Appointments

We understand conflicts may arise which interfere with your scheduled appointment. Please call at least 24 hours ahead of time when you cannot make a follow-up appointment and need to reschedule. Repeated missed appointments without notification will result in termination of our doctor-patient relationship.

Do You Want To Share Your Medical Information With Someone?

If you would like to authorize us to share your medical information with a relative or someone else, you will need to authorize us to discuss and provide that information.

Name: _____ Relation: _____

Name: _____ Relation: _____

Signature of Patient, Parent or Legal Guardian _____ Date _____