METAIRIE ORTHOPEDICS & SPORTS MEDICINE

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Patient Name _____

Address _____

Cell Phone _____ Home Phone _____

Social Security #_____ Date of Birth _____

Date of Injury _____ Work ☐ Auto ☐ Other ☐

Has the patient had the following:

Any imaging done on body part(s) - MRI/XRAY: ☐ / ☐

Previous treatment on this injury: ☐ / ☐

Prior surgery on body part(s) to be evaluated: ☐ / ☐

Attorney Name _____

Firm_____ Contact Name _____

Address _____

Phone _____ Fax _____

Email _____

PLEASE MARK THE TREATMENT PLAN AUTHORIZED:

Evaluate Only ☐ Evaluate & Treatment ☐

Compensable Body Part _____

A $500 PREPAYMENT IS REQUIRED FOR A NEW PATIENT EVALUATION OF ONE BODY PART. A PREPAYMENT OF $750 IS REQUIRED FOR TWO BODY PARTS AND A $1000 PREPAYMENT IS REQUIRED FOR THREE OR MORE BODY PARTS. ALL SUBSEQUENT VISITS ARE BILLED AT $200-$500 AND ARE DUE WITHIN 60 DAYS OF THE DATE OF SERVICE. THERE MAY BE AN ADDITIONAL RECORDS REVIEW FEE FOR PATIENTS WITH A SIGNIFICANT AMOUNT OF OUTSIDE RECORDS.

** Prepayment must be received prior to the appointment or the appointment will be rescheduled to the next available appointment **

FINANCIAL RESPONSIBILITY BY THE ATTORNEY FOR THE PATIENT:

I accept financial responsibility and will be liable for all service rendered to the patient by Metairie Orthopedics and Sports Medicine, in connection with the injuries that are the subject matter of anticipated or ongoing litigation and to accept the terms of the Credit Agreement set forth above. I also acknowledge that this agreement is binding until withdrawn in writing.

I agree with the terms of this credit agreement. Payment based on the body part(s) to be evaluated ($500 for one, $750 for two or $1000 for three or more) will be forwarded 1 week before initial evaluation.

Signature _____ Date _____