



Consents (to be signed electronically)

Consent for medical services and treatment

I consent to treatment, diagnostic and/or therapeutic services as ordered and/or provided by all physicians and health care providers at Family and Friends Orthopedics, PLLC.

Financial and Insurance Authorization

I understand that I am financially responsible for my account regardless of my insurance and for any charges which are for medical care not covered by my policy or as due to not following the required procedures of my health plan. All charges are due within 60 days from time of service. I authorize the release of any medical information necessary to process this claim and request payment of medical benefits be made directly to this office.

It is my responsibility to know and understand my insurance policy and benefits. This includes referrals, copayments, covered lab and X-ray benefits, and prior authorizations for procedures. I further understand that if I enroll in another insurance plan, it is my responsibility to notify the office; or I will be responsible for non-covered payments due to inaccurate billing.

I understand there are fees related to failing to reschedule appointments or pay invoices in a timely manner.

Prescription history

By signing this consent form, I am agreeing that the office of Family and Friends Orthopedics, PLLC can request and use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

HIPAA Acknowledgement

I hereby acknowledge that I have received a copy of the Family and Friends Orthopedics Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available at each appointment.

Telemedicine Consent

I hereby acknowledge that I have received a copy of the Family and Friends Orthopedics, PLLC Telemedicine Consent Form. By signing this form, I am confirming I have read and understand the listed rights and information with respect to telemedicine.

Notice to consumers regarding your physicians:

Name, degree: **Jill McAngus, MD**

License: S5432

Board status: Board Eligible

Physicians are licensed and regulated by the Texas Medical Board.

Signature of patient / parent / conservator / guardian

Date

Print Name