



**OPEN MRI CENTER**  
751 J. CLYDE MORRIS BLVD  
NEWPORT NEWS, VA 23601  
**TEL 757.596.1900**  
**FAX 757.591.8560**  
www.osc-ortho.com  
info@osc-ortho.com

Boyd W. Haynes, III, MD  
Robert J. Snyder, MD  
Jeffrey R. Carlson, MD  
Martin R. Coleman, MD  
Mark W. McFarland, DO  
Edward P. Petrow, Jr., DO  
Tonia S. Yocum, PA-C  
Jamie L. McNeely, PA-C

## **PAYMENT POLICY & INSURANCE ASSIGNMENT/RELEASE**

The payment for services is due on the day services are rendered, unless other means of payment are agreed upon by the undersigned and Orthopaedic & Spine Center. I authorize the filing of claims against any insurance in force and any other third party payer including CHAMPUS, Medicare, or workmen's compensation carriers, and further assign and direct payment to Orthopaedic & Spine Center. The undersigned understands that he/she is responsible for payment of any charges not covered by this assignment, and that any monies recovered in excess of the patient's indebtedness will be refunded. In the event of default on any payment due to Orthopaedic & Spine Center, I agree to pay all costs of collection as well as attorney's fees of 33-1/3%. I authorize the release of any Medical Information to process claims for services rendered.

I hereby authorize and direct that any balances due and owing to Orthopaedic & Spine Center will constitute a lien for their full amount as against any proceeds of insurance whether liability, medical payments coverage, or any settlement of any kind whatsoever, and I hereby authorize and direct my attorney or representative to honor this lien in full.

I agree to the above, authorize treatment, and acknowledge receipt of a copy of this agreement at my request and the payment and credit policy of Orthopaedic & Spine Center.

**I understand that should my treatment at Orthopaedic & Spine Center include radiologic services performed on site there will be a cost for the interpretation. This will be performed by Charles Hecht-Leavitt, P.C.**

Signature:

Date: