Osteopathic Sports Wellness Institute

3323 Carmel Mountain Road, Suite 200 | San Diego, CA 92121 | office 858.720.1565 | fax 858.720.1566 | www.oswi-sd.com

FINANCIAL RESPONSIBILITY

I, _____, the patient/guardian, accept financial responsibility for all charges incurred. I understand that patients who carry medical insurance should remember that professional services are rendered and charged to the patient, not the insurance company. In the event my insurance pays me directly for services rendered, I promise to immediately sign over and forward those payments to Osteopathic Sports & Wellness Institute, Inc. If my account has to be referred for outside collection, I will be charged a service charge.

I also understand that there is a missed appointment and 24-hour cancellation policy and I will be responsible for any charges incurred under this policy.

AUTHORIZATION: I hereby authorize payment directly to Osteopathic Sports & Wellness Institute, Inc., for medical services rendered, and release any information acquired in the course of my examination or treatment to my insurance company for payment.

Signature: _____ Date: _____

Print Name: _____