

CENTRAL BRACE & LIMB CO.

PATIENT ACKNOWLEDGEMENT FORM

With my signature or signature of a guardian below, I acknowledge that the following information below was explained to me and that I understand that information. If for any reason that you do not understand any of the checked statements, please ask a representative of Central Brace & Limb Co. to explain it in further detail so you may completely understand the information that you are acknowledging.

I have been informed that all my health information will remain private and will only be used in order to process my claim. Furthermore, I was given a copy explaining Central Brace & Limb Co.'s privacy practices and the patient's Bill of Rights.

I agree to be responsible for payment of any amount not covered by insurance plan. This includes all deductibles, co-payments, co-insurances, and any non-covered service as deemed by my insurance plan. This does not include amounts that are considered write-offs due to insurance contractual agreements between Central Brace & Limb Co. and your insurance carrier.

I acknowledge that I understand that under Medicare guidelines, some orthotic devices may be rented. I also understand that Central Brace & Limb Co. does not offer this option. Central Brace & Limb Co. does not rent any type of orthotic devices.

**Patient's Signature or Authorized
Representative or Guardian**

Date