

MOUNTAINEER ORTHOPEDIC SPECIALISTS, LLC

I understand and agree that I am fully responsible for payment of services provided by Mountaineer Orthopedic Specialists LLC, regardless of insurance coverage or policies set by my insurance company. I also agree to make payment, in full, upon notification of any of the following:

- a. Non-payment by my insurance company
- b. Receipt of payment from insurance company to policyholder
- c. Any portion of claim applied to my deductible
- d. Any amount not paid by my insurance company

I authorize the release of any medical information necessary to process this claim and certify that the above information is correct.

I authorize payment of medical benefits to Mountaineer Orthopedic Specialists, LLC for the services rendered.

Signature

Date