

**CONSENT TO TREATMENT/BENEFIT ASSIGNMENT/FINANCIAL RESPONSIBILITY**

**(SIGNATURE REQUIRED)**

I hereby give my consent for treatment to ELLIS & BADENHAUSEN ORTHOPAEDICS, P.S.C. I assign the benefits allowed by my insurance company to be paid to their office instead of myself. I have been notified by Ellis & Badenhausen Orthopaedics, P.S.C. that I am responsible for payment, should any of my charges be denied due to lack of a referral. In addition, I understand that I am responsible for any Durable Medical Equipment not covered by any insurance company. I agree to be personally and fully responsible for payment of any amounts unpaid by my insurance company.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PATIENT/RESPONSIBLE PARTY