



Premier Orthopaedics & Sports Medicine, P.C.
111 Galway Place
Suite 300
Teaneck, NJ 07666
☎ 201-833-9500
📠 201-862-0095
APPT@AcesPremOrtho.Com
AcesPremOrtho.Com

INSURANCE AUTHORIZATION AND ASSIGNMENT

Patient Name: _____

Date of Birth: _____

I agree that I am responsible for all fees, deductibles, and co-payments regardless of insurance coverage unless forbidden by prior insurance contracts. I am expected to pay for services at the time they are rendered unless arrangements have been made in advance. I hereby authorize payment to Premier Orthopaedics & Sports Medicine, P.C., and/or Spine and Trauma Institute(STI), and/or Advanced Center for Excellence in Spine Surgery(ACES), and/or Hand and Trauma Institute (HTI) of any benefits otherwise payable to me for their services. I hereby authorize Premier Orthopaedics & Sports Medicine, P.C. to receive and furnish any information concerning my treatment to insurance companies, their representatives, designated attorneys, and requesting physicians. I hereby assign to Premier Orthopaedics & Sports Medicine, P.C., and/or Spine and Trauma Institute(STI), and/or Advanced Center for Excellence in Spine Surgery(ACES), and/or Hand and Trauma Institute (HTI) all payments for medical services rendered to my dependents or myself. I agree that if my insurance company sends me a check for services rendered by Premier Orthopaedics & Sports Medicine, P.C., and/or Spine and Trauma Institute(STI), and/or Advanced Center for Excellence in Spine Surgery(ACES), and/or Hand and Trauma Institute (HTI), to my dependents or me, I will enclose this check and forward it to Premier Orthopaedics & Sports Medicine, P.C., and/or Spine and Trauma Institute(STI), and/or Advanced Center for Excellence in Spine Surgery(ACES), and/or Hand and Trauma Institute (HTI), within 5 days.

If any collection proceedings are required to cover any outstanding balance, I understand I will be responsible for said costs, including attorney fees of 33.3% of the unpaid balance. These costs are above and beyond the services rendered. Premier Orthopaedics & Sports Medicine, P.C., and/or Spine and Trauma Institute(STI), and/or Advanced Center for Excellence in Spine Surgery(ACES), and/or Hand and Trauma Institute (HTI), reserves the right to charge 1.5% interest per month on any balance that remains after 60 days. In consideration of services rendered or to be rendered for the purpose of any No-Fault, Personal Injury, or Workers Compensation benefit claim(s), I hereby authorize payment to be made directly to Premier Orthopaedics & Sports Medicine, P.C., and/or Spine and Trauma Institute(STI), and/or Advanced Center for Excellence in Spine Surgery(ACES), and/or Hand and Trauma Institute (HTI), and/or any their agents or designee(s) for healthcare services rendered. In the event that the provider's charges are outstanding and I fail to file an Application for Benefits, I hereby authorize my provider to file such a claim on my behalf so that he/she may obtain payment for services rendered to me. I understand that if the provider does not receive payment from the insurer, I am personally responsible and liable for the payment of his/her charges.

Client Signature

Date