



**Authorization for Medical Treatment:** The Undersigned consents to the medical treatment considered necessary to be performed by the physician and the employees of TMI Sports Medicine & Orthopedics. This includes all “in office” injections determined to be indicated by the physicians. The undersigned understands that no guarantee or assurance has been made as the results that may be obtained from treatment. Authorization is hereby granted for treatment.

**Information Privacy:** TMI Sports Medicine & Orthopedics will use and disclose your personal health information to treat you and to receive payment for the care we provide. We have prepared a detailed NOTICE of PRIVACY PRACTICES information sheet to help you better understand our policies in regards to your personal health information. The terms of the notice may change at any time and we will always post the current notice at our facilities, on our website, and have copies available for distribution. The undersigned acknowledges receipt of this information.

**Release of Information:** TMI Sports Medicine & Orthopedics is hereby authorized to disclose all or part of my information regarding medical condition, treatment and prognosis to insurance companies, financially responsible parties, other treating physicians, athletic trainers, physical medicine personnel and /or coaches. I also authorize TMI Sports Medicine & Orthopedics to utilize medical information obtained during the course of treatment in medical research and education programs, provided my name is not revealed and my privacy is maintained and protected.

**Assignment of Benefits:** In the event the undersigned is entitled to benefits of any kind whatsoever arising out of any policy of insurance insuring the patient or any other party liable to the patient, said benefits are hereby assigned to TMI Sports Medicine & Orthopedics for application on the patients account. The undersigned, and / or patient agree to be responsible for the charges not covered by the assignment, including deductibles, coinsurance and co-payments as contracted by each party.

**Financial Agreement:** The undersigned agrees that in the consideration for services to be rendered to the patient, he/ she individually agrees to be totally responsible for **ALL CHARGES** for services such as **DURABLE MEDICAL SUPPLIES** and **ORTHOVISC** and any other non-covered charges. The undersigned agrees to assign payment for the unpaid charges from services provided by physicians and personnel employed by TMI Sports Medicine & Orthopedics. I, the undersigned, accept the fee(s) charged as a legal and lawful debt. I understand the fee(s) charged are due at the time of service. Should it become necessary to forward my account to collections, I agree to pay all monies due, including the collection fee, attorney fee and court fee, if such become necessary. I waive now and forever, my right of exemption under the laws of the Constitution of the State of Texas and any other state. All delinquent balances shall bear interest at the legal rate.

**Medicare (CMS) Authorization:** I authorize any holder of medical or other information about me to release to the Social Security Administration and Center for Medicare Services (CMS) or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefit, either to myself or the party who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible in paying for my treatment. Regulations pertaining to Medicare assignment of benefits also apply.

**THE UNDERSIGNED CERTIFIES THAT HE/SHE HAD READ AND UNDERSTANDS THE ABOVE INFORMATION AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT TO EXECUTE AND ACCEPT THE TERMS THIS CONSENT.**

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**Patient / Guardian Signature**  
(If patient under 18, legal guardian signature)

\_\_\_\_\_  
**Print Patient Name**

\_\_\_\_\_  
**Date**



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