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*Sports Medicine, Arthroscopy  
& Adult Reconstruction*

**John J. Klimkiewicz MD**  
*Knee and Shoulder Arthroscopy,  
Cartilage Preservation, Sports  
Medicine, Joint Replacement*

**Edward G. Magur MD**  
*Foot, Ankle General  
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**Benjamin A. McArthur MD**  
*Hip and Knee Replacement  
Young Adult Hip Disease*

**David P. Moss MD**  
*Hand, Wrist, Elbow,  
& Upper Extremity*

**Jonas R. Rudzki MD**  
*Sports Medicine, Arthroscopy  
Shoulder, Elbow, and Knee*

**John K. Starr MD**  
*Complex Spinal Reconstruction*

**Anthony S. Unger MD**  
*Joint Replacement  
Hip, Knee, and Shoulder*

**Andrew B. Wolff MD**  
*Hip Arthroscopy and Preservation,  
Sports Medicine*

[www.wosm.com](http://www.wosm.com)

**( ) Out of Network Waiver for Medical Services (for commercial policies only)**

I, \_\_\_\_\_, understand that I am choosing to see Washington Orthopaedics and Sports Medicine physicians outside of my commercial/group/individual insurance plan. By doing so, I understand that I am fully responsible for all medical billings incurred as the result of any visit to Washington Orthopaedics and Sports Medicine, P.A.

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**( ) Secondary to Medicare: Out of Network Waiver (for Medicare enrollees only)**

I, \_\_\_\_\_, understand that I am choosing to see Washington Orthopaedics and Sports Medicine who participates with Medicare, but is outside of my **secondary (and tertiary)** insurance plan's network. By doing so, claims will be submitted on my behalf to both Medicare and my secondary insurance. I understand that I may be billed for any deductible or coinsurance not paid in full by my secondary insurance policy.

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**( ) Durable Medical Equipment Waiver for all Patients**

I, \_\_\_\_\_, understand that I am fully responsible for durable medical equipment purchased at Washington Orthopaedics and Sports Medicine not covered by my insurance policy.

**PLEASE NOTE**  
\_\_\_\_\_ (Initial) According to the OSHA (Occupation Safety and Health Administration) guidelines, medical equipment purchased and taken off site is not allowed to be returned.

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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**Medicare Enrollees Only.**  
\_\_\_\_\_ (Initial) The following product(s) may not be covered by your insurance even though it may be prescribed and/or recommended by your physician in the course of treatment.

TED Stocking	Arch Supports
Heel Lifts	Chopat Strap
Cast Shoe	Sling(s)
Cast Cover	Staxx finger splint
Cold Therapy Packs	Budin Hammer Toe Splint
Knee orthotic, elastic with stays prefabricated	
Knee orthotic, elastic with condylar pads, prefabricated	
Knee orthotic, elastic knee cap, prefabricated	
Weekener Knee Strap Set	

\_\_\_\_\_ (Initial) Every product sold by our company carries a manufacturers warranty. Washington Orthopaedics and Sports Medicine will supply all Medicare beneficiaries with the warranty coverage or an owners manual with warranty information where this manual is available and will honor all warranties under applicable law. Washington Orthopaedics and Sports Medicine will replace free of charge, Medicare covered equipment that is under manufacturer warranty.

