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& Adult Reconstruction*

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*Knee and Shoulder Arthroscopy,
Cartilage Preservation, Sports
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Young Adult Hip Disease*

David P. Moss MD
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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,
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No Insurance Card Waiver

I, _____, am fully aware that I am being seen without my insurance card. Therefore, the billing department is unable to bill my insurance company for reimbursement of today's visit. Until that information is received, I am responsible for any charges resulting from today's visit.

Signature:

Date:

No Insurance Waiver

I, _____, am fully aware that I am being seen without health insurance. Therefore, I am responsible for any charges resulting from my visits.

Signature:

Date:

HMO Insurance Waiver

I, _____, understand that I have an **H-M-O** (Health Maintenance Organization) insurance plan. This type of coverage does not reimburse for medical services unless I stay in my insurance network.

Washington Orthopaedics and Sports Medicine, P.A., is not in-network with **ANY H-M-O** Insurance plans. Therefore, I understand that I am fully responsible for all charges incurred at this office,

Signature:

Date: