Jeffrey D. Carter, M.D.
ORTHOPEDIC & SPORTS CLINIC
OF MONTEREY

21 Upper Ragsdale Drive, Suite 100
Monterey, CA

American Board of Orthopedic Surgery

Arthroscopy Association of North America

American Association of Orthopedic Surgery

American College of Sports Medicine

Assignment and Release:

I hereby authorize payment directly to Jeffrey D. Carter M.D. for all insurance benefits otherwise payable to me for services rendered. I understand I am financially responsible for all charges whether paid by my insurance and for all services rendered on my behalf or my dependants. I authorize the above doctor and or any provider of services in this office to release any information required to secure payment for my benefits. By my signature on this form, I understand that Dr. Carter will bill my insurance as a courtesy however I am responsible for payment ninety days from the date of service unless prior financial arrangements have been made. Co-pay's are due at the time of service and I am responsible for any deductible or non covered services. I understand if payment is not received my account may go to a collection agency. I also understand that this office is HIPPA compliant and I may receive a copy of this practice's Private Policy if I should request one. Thank you.

I authorize the use of this signature for all insurance submissions.

Signature of responsible party_____ Date_____

Please list any names, parties, or related persons you are authorizing to communicate with Dr. Carter and staff regarding your care and medical information.

_____ Relation_____

_____ Relation_____

I authorize the above note person to obtain and or communicate with Dr. Carter and staff on my behalf

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