HOSPITAL
FOR
SPECIAL
SURGERY

Kenton H. Fibel, MD
Hospital for Special Surgery
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I understand that payment of charges incurred is due at the time of service unless other definite financial arrangements have been made prior to treatment. If this is a work related injury and the doctor participates with worker's compensation insurance, you must bring all pertinent information regarding your accident, and billing information with you. These include your claim, or case number, date of injury, description and location of injury and the guarantor's mailing address and telephone number. If you are unable to supply the necessary insurance information, payment in full must be made at the time of service.

I authorize the release of records from Dr. Fibel's office to referring and primary care physicians, and to my insurance company, if applicable. I allow fax transmittal of my medical records, if necessary.

It is understood and agreed that my purpose in requesting examination and treatment is for medical purposes only and not in connection with pending or proposed litigation. Should such litigation arise, it is further understood and agreed that the treating physician will not participate in litigation, except to provide a true and accurate copy of any medical records and reports in the possession and control of this office pursuant to an authorization by the undersigned.

Patient name: (print) _____
Patient signature: _____
Date:_____