

# Poley Sports Medicine PLLC

Robert Poley M.D.

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Rochester Hills, MI 48307

4550 Investment Drive #240  
Troy, MI 48098

**Financial responsibility** Poley Sports Medicine PLLC participates with numerous insurance carriers and will process all in-network claims. If your insurance carrier requires a referral, it must be presented to us at the time of your visit. Please be sure that you have provided us with your most up to date billing address and insurance information. At the time of service, you will be responsible to cover the amount not paid by your insurance company including co-pays, deductibles or any outstanding balances.

**Consent to Treat/Authorization to Release Information** I request/authorize medical treatment as may be deemed necessary and appropriate by the physician and designee/assistant in my care. I authorize the release of medical information necessary to process my claims and also authorize payment of medical benefits to Robert Poley, for services furnished to me or my dependent, if a minor. I also understand I will be responsible for all copays and deductibles not covered by my insurance(s).

I have read the Notice of Privacy Practices for Poley Sports Medicine PLLC, and acknowledge a copy is available at my request

We require at least 24 hours prior to your appointment if it needs to be cancelled or rescheduled. There will be a fee of \$20 for an appointment that is not cancelled or rescheduled.

Please release information to any of the following:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

None

By signing this form the patient acknowledges and agrees to the above policies.

Patient Name (Printed): \_\_\_\_\_

Patient/Patient representative/Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_