



INNOVATIVE SPINE CARE

8333 Gunn Highway Tampa, FL 33626
Phone: 813-920-3022 Fax 813-920-3002

www.GotSpinePain.com

Please Print Clearly)

Patient Acknowledgement

I am a patient of Innovative Spine Care (hereby known as ISC or "Provider"), hereby acknowledge that Provider does NOT have a provider agreement or contract with any health plan.

Provider will not be submitting claims to any health plan carrier for any services including for out of network benefits.

- Patient agrees not to submit claim/s for services rendered to any health plan carrier behalf of ISC.

I further acknowledge and understand that I will be responsible for payment in full for all Services rendered to me by provider; In lieu of Provider billing me or any Health Plan carrier for my services, Provider will enter into a Letter of Protection ("LOP") with my attorney whereby Provider will be compensated for all Services he/she provides to me, as a direct or indirect result of my personal injury case, from the proceeds of my settlement of said personal injury case; and the compensation that Provider will receive under the LOP will likely exceed the compensation that Provider would have received if the Provider would have submitted claims to any Health Plan for my services, and I believe that such additional compensation is equitable in the light of the nature of the services that Provider will be furnishing to me.

I have read and understood all the statements above. I acknowledge and understand that I have a right to consult with legal counsel before signing this Patient Acknowledgement and Waiver. I hereby execute this Patient Acknowledgement and Waiver voluntarily, knowledgeable and intentionally.

Please do not give your health insurance cards to the office staff of ISC.

Patient/Guardian Signature: _____ Date: _____

Attorney Acknowledgment and Agreement

The Attorney does hereby understand and acknowledges that their client or our patient knowingly and knowledgeably is of the understanding that the Provider is not under any contractual obligation with any health plan. Provider will not be submitting claims for services rendered to any health plan carrier including any out of network benefits. The attorney agrees never to bill any health plan carrier for services rendered for their client on behalf of ISC.

Attorney Signature: _____ Date: _____