Patient Name: _____________________________ Date of Birth: _____________

Cornerstone Orthopedics will be billing your insurance, for the (DME) Durable Medical Equipment or Soft goods you may receive during your orthopedic care. Due to contracting issues with your insurance, we ask that you sign the attached form which informs your insurance that you understand that these codes may be covered in part or denied in full.

I understand that Cornerstone Orthopedics will bill my insurance for the (DME) Durable Medical Equipment/Soft Goods that I may receive during my treatment. I understand that I will be responsible for any balance not paid by my insurance.

_______________________________________ ________________
Patient Signature Date Signed