

Myers Sports Medicine and Orthopaedic Center

5667 Peachtree Dunwoody Rd #220, Atlanta, GA 30342

Cash-Only Policy Acknowledgement

Patient Name: _____

Date of Birth: _____

Patient ID Number: _____

I acknowledge and understand the following:

1. Myers Sports Medicine operates as a cash-only practice and does not accept insurance for services rendered.

Patient Initials: _____

2. Payment for all services is required at the time of my appointment.

Patient Initials: _____

3. I am responsible for submitting claims to my insurance provider for potential reimbursement. Myers Sports Medicine will provide me with a detailed receipt or superbill at the time of service for documentation purposes only. Myers Sports Medicine will not assist in filing claims or provide any follow-up support for insurance reimbursement.

Patient Initials: _____

4. I have been provided with an estimate of charges for services and agree to pay in full.

Patient Initials: _____

I understand that by signing this acknowledgment, I confirm that I have read, understand, and accept the terms of the cash-only policy. I agree to direct any further questions to the practice's administrative staff.

Patient Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____