



Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

I. Appointments

1. We value the time we have set aside to see and treat you. If you are not able to keep an appointment, we would appreciate 24-hour notice.
2. If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
3. We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

II. Referrals

It is your responsibility to understand your benefit plan and to know if a written referral or authorization is required from your PCP prior to seeking services from Boston Sports & Biologics. If preauthorization is required, you are responsible for requesting this from your PCP prior to your visit.

If I choose to receive services without prior authorization, I acknowledge that I will be responsible for payment at the time services are rendered.

III. Telephone Consumer Protection Act

As a component of my care, I understand and agree that Boston Sports & Biologics, its providers or agents may contact me, including using automated calls, emails and text messaging sent to my landline and mobile device. These communications may notify me of my upcoming appointments, test results, outstanding balances, or other communication from the medical group.

IV. Consent to Obtain Medication History

By signing this consent form, I agree that Boston Sports & Biologics may request and use my medication history, including current/past medications, from other healthcare providers or third-party pharmacy benefits manager for treatment purposes.

V. Consent for Treatment

I hereby give consent to the physician and staff of Boston Sports & Biologics to render such care and treatment as might be required by my condition. Such care can include, but is not limited to, diagnostic procedures such as laboratory and imaging, examinations, rehabilitation, medical and/or surgical treatment and injections.



VI. Transfer of Records and Forms

1. If you transfer to another physician, we will provide a copy of your record and your last visit to your physician, free of charge, as a courtesy to you. We do ask that you provide us with at least 48 hours' notice.
2. If you require any forms to be completed for work (FMLA, disability, etc.) or school, please provide us with these forms as soon as you are able. We will complete these forms and return them to you or the place you request them to be sent to within 5-7 business days.

Document Acknowledgement

I certify that I have read and understand the foregoing Patient Care Agreement, and that I am competent and authorized to execute this document. I understand that I am not entitled to make any changes or alterations to this legal non-negotiable document. I will notify Boston Sports & Biologics should my personal contact information change.

Patient/Legal Representative (Print)

Relationship

Date (MM/DD/YYYY)

Patient/Legal Representative Signature