

ORTHOPAEDIC SURGERY
Christopher J. Brown, M.D.
James R. Ramser Jr., M.D.
Jeffrey J. Wise, M.D.
Ralph B. Garretson III, M.D., MS
Charles N. Seal, M.D.
Robert T. Smith Jr., M.D., MPH
James P. Ward, M.D.

INTERVENTIONAL PAIN MEDICINE
David Kim, M.D.
Daniel S. Heller, M.D.

PODIATRY
Yevgeny Kats, D.P.M

PHYSICIAN ASSISTANTS
Michele R. Glowicki P.A.-C
Elizabeth F. McLean, P.A.-C
Jenna Pataluna, P.A.-C
Kelley A. Schimler, P.A.-C
Kristyn J. Hollenback, P.A.-C



PHYSICAL THERAPY
Anderson Dart, PT, DPT
Jennifer Wilkins, PT
Ryan Hott, PT, DPT, OCS
Jenna Justen, PT, MPT
Rachel Dahlin, MOT, OTR/L
Andrew Carter, PT, DPT, ATC
Whitney Pearson, PT, DPT
Jan Anderson, PT, CMT
Jacqueline Morris, PT
Joey Barredo, PT
David Hybner, OTR, ATP
Jeanne-Marie Tufts, PT, DPT

MEDICAL NUTRITION/MASSAGE THERAPY
Jessica Bettick, RD
Megann Grimes, CMT

ADMINISTRATION
Jeff Hollis, CPA, CEO

CREDIT POLICY

Our credit policy is designed to provide a clear understanding that the patient is ultimately responsible for payment of all medical services. Because of our primary responsibility to provide the patient with the best possible medical treatment and to effectively control rising health care costs, we expect payment at time of service for all non-insured patients. Payment of service can be charged to your Visa, Master Card, or Discover credit cards. Blue Ridge Orthopaedic & Spine Center is very sensitive to situations in which special payment arrangements may be necessary but must be approved by our credit manager before treatment can occur. All unpaid balances not paid in 30 days (except for qualified insurance claims) may be charged a finance charge of 1.5% per month. Insurance copays are due at the time of service for each appointment. If you are not prepared to make your copay, there will be an additional \$10.00 fee billed to your account. There will be a \$35.00 charge assessed for all returned checks.

We participate with most major insurance companies, including workers compensation and as a courtesy will submit all valid claims with the appropriate insurance company. All x-rays taken by Blue Ridge Orthopaedic & Spine Center shall become our property. The guarantor and/or patient shall be responsible for any and all costs in connection with collection agency fees and attorney fees which may be required to satisfy the unpaid balance.

I/We assign to Blue Ridge Orthopaedic & Spine Center all monies entitled to me for the purpose of payment of any unpaid balance resulting from medical treatment received at this facility. I/We further understand that I/We are solely, or together, financially responsible for all charges incurred at this facility but not covered by this assignment, even though represented by an attorney.

Patient/Guarantor Signature

Date

CONSENT TO HIV/HBV TESTING

In the event a health care provider is directly exposed to my blood or body fluids, I consent to blood tests to determine the presence or absence of antibodies to the Human Immuno-Deficiency Virus (HIV) and the Hepatitis B Virus (HBV). I understand that the test results will become a permanent part of my health care record. The test results may be released to me or my legally authorized representative and the person who was exposed. In addition, the test results can be obtained by my health insurance carrier or by any person or entity to whom I have given written permission for access to my medical record. In certain circumstances your records could be subpoenaed for a court order.

Patient/Guarantor Signature

Date