DEL BIANCO
Prosthetics and Orthotics
*We're doing more for our patients*

**Del Bianco Prosthetics and Orthotics**
**3410 Executive Drive Suite 203 Bldg 1**
**Raleigh, NC 27609**
**Phone – 919-803-5869 Fax - 866-250-8188**

**Acknowledgment of Patient Policies**

The information I submitted in the online registration is true to the best of my knowledge. I authorize and assign my Medicare and/or other insurance benefits to be paid directly to Del Bianco P&O. I authorize Del Bianco P&O and its affiliates to release any part of my medical record and related information required to process claims. In addition, I also authorize Del Bianco P&O to obtain any medical records from my doctor, therapist, or other healthcare/rehab center that may be needed to properly process/appeal my claim. I understand that Del Bianco P&O will file a claim with my insurance(s) on my behalf, but that I am ultimately financially responsible for the entire bill. I understand without sufficient verification of current medical insurance coverage, payment is due at time of service/delivery. By signing below, I am also acknowledging acceptance of Del Bianco P&O HIPAA Notice of Privacy Practices, warranty/refund information, Medicare supplier standards, mission statement, patient rights and responsibilities, and financial policy. These documents are provided for your review on the online registration page on the link to Patient Policies. They are also available to you upon request. Please ask if you have any questions about the statements above.

Patient Signature _____ Date_____

Legal Guardian_____Date_____

Relationship of Guardian to Patient _____