



1800 S. Renaissance Blvd. Ste. 210  
Edmond, OK 73013  
(O) 405-509-7370  
(F) 405-509-7373

### FINANCIAL STATEMENT

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*Please read and initial each of the following and sign below*

\_\_\_\_\_ (name) I have authorized medical treatment for myself or my family member. I understand that I am responsible for all charges incurred for these services regardless of insurance status. I understand that Zeiders Orthopedics will gladly file my insurance, however, I am ultimately responsible for my bill. I agree to pay my coinsurance and deductible promptly when requested, but no later than upon receipt of statement.

\_\_\_\_\_ (name) I authorize my insurance company to pay Zeiders Orthopedics on my behalf. This assignment will remain in effect until revoked by me in writing.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Person  
Signing if other than patient: \_\_\_\_\_

- Patient
- Spouse
- Legal Authority