

PATIENT ACKNOWLEDGEMENTS

I (or the parent, legal guardian, or representative of the client/patient) consent to treatment by Sampson's Prosthetic and Orthotic Lab (Sampson's) under the direction of my physician's prescription. After delivery, Sampson's will contact me on a quarterly basis (approximately) to schedule follow-up appointments.

RESPONSIBLE PARTY

I am requesting that Sampson's provide me with a Prosthetic and/or Orthotic device. I understand that I am personally responsible for the payment of all services provided to me, especially those not covered by my insurance, which includes, but is not limited to: copays, deductibles and/or coinsurance. I understand that if my balance goes unpaid for greater than 90 days, or I fail to make payments in a timely manner according to previous arrangements made, Sampson's has the authority to pursue legal action to recoup any monies due at Sampson's discretion. I agree that if my insurance or medical plan sends me the direct payment, I will immediately sign-over the insurance check to Sampson's and mail/personally deliver the said check to Sampson's in a timely manner. Once my device is ready to be fitted/delivered to me at Sampson's, Sampson's will attempt to call me to schedule the fitting/delivery of my device at Sampson's. I understand that if I fail to schedule the fitting/delivery appointment at Sampson's after Sampson's has attempted to call me 5 times and 30 days after Sampson's has sent a "Contact Sampson's to schedule your fitting/delivery appointment" letter to my home address of record, my failure to respond constitutes that I am refusing the device; my insurance will be billed and I will be responsible for related copays, deductibles and/or co-insurance for the custom-made portion/s of my prescribed orthotic or prosthetic device. Sampson's will hold my device for six (6) months before discarding.

BENEFIT ASSIGNMENT TO SAMPSON'S PROSTHETICS

I hereby allocate to Sampson's any insurance or third-party benefits available for any services provided to me. I understand that I am financially responsible for the products/services provided to me by Sampson's if the insurance information provided is incorrect (either by the insured or the insurer), if the insurer's initial benefit determination is incorrect or reconsidered, and/or if Sampson's is not immediately notified of new insurance coverage when payment for a product or service is pending.

MEDICARE BENEFITS

I attest that the information given to apply for Medicare benefits is correct. I request that payment of authorized Medicare, Medicaid or private insurance benefits be made directly to Sampson's for any covered services furnished to me by Sampson's. I permit Sampson's to release to the Center for Medicare and Medicaid Services, and its agents or to any private insurance company, any information needed to determine those benefits or the benefits payable for related services.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I authorize Sampson's to release any/all Protected Health Information (PHI) requested by my health insurance carrier, Medicare, Medicaid, or any other third-party payers. I authorize Sampson's to release all PHI to my referring physician and my primary (family) physician. I authorize my referring physician and my primary (family) physician to release all PHI to Sampson's. I authorize Sampson's to contact my insurance company or third-party administrator to obtain all pertinent PHI for the reimbursement of services provided to me at any time by Sampson's. I direct the insurance company or third-party administrator to release policy and benefit information to Sampson's on my behalf. I understand that my authorization will remain in effect unless I cancel by written notice. The notice of Privacy Practices is available in the office and on Sampson's website at www.sampsons.com.

NO SHOW/NO CALL POLICY

I understand that if I cannot make my appointment and do not notify Sampson's within 24 hours of my appointment that I will not be coming, my account may be charged a \$25 no show/no call fee.

NO RETURN POLICY

I understand that any item which is custom-molded or custom-made by Sampson's cannot be returned, and I also understand that once fabrication is started, it cannot be cancelled. I understand that my deposit will not be refunded.

PATIENT ACKNOWLEDGEMENTS (cont'd)

MEDIA RELEASE CONSENT WAIVER

I hereby consent to and authorize Sampson's, its employees and personnel who are acting on behalf of Sampson's, and its affiliates and agents, to use my photo, video, voice, and/or other likeness of me (or for the minor of which I am the parent/guardian/representative) as a voluntary contribution to Sampson's for purposes related to medical research and education, or for the promotion and marketing of Sampson's.

I understand my photo, video, voice, and/or other likeness may be copied and distributed by means of various media including, but not limited to: placement on Sampson's website, webcast, social media, other electronic delivery or publications, presentations, print brochures, mailings, and for display inside Sampson's offices. I acknowledge that Sampson's has the right to make one or more photos, videos, audio recordings, or other electronic reproduction of my image, voice or performance in accordance with this agreement.

I relinquish and give Sampson's all rights, title, and interest in and to the photos, videos, audio, or other media, including any copyright included therein. This consent and release shall be binding upon my heirs, successors and assigns (or those of the given minor). Additionally, I give this consent and release without expectation of compensation or other remuneration, nor or in the future. I release Sampson's from any and all claims, demands, and liabilities related to dissemination of my photo, video, voice or likeness in print, web domain, social media, or any other media.

I also understand upon my written request I may revoke this authorization at any time, and Sampson's will cease from further reproducing my photo, video, audio, or other likeness for any further purpose.

SMS Texting

I consent to receive SMS/text messages from Sampson's to my cell phone, which I have provided to Sampson's. I understand that this request to receive SMS/text messages will apply to future appointment reminders/feedback/general health information unless I request a change by opting-out in writing, which I may do at any time. Sampson's does not charge for this service, but I understand that standard text messaging rates may apply as provided in my wireless plan. I agree to notify Sampson's immediately if I change or obtain a new cell phone number, or no longer maintain the cell phone number provided to Sampson's. By consenting to communicating with Sampson's by SMS/text, I am consenting to communications that may not be encrypted, and thus may not be secure. I hereby accept the risks associated with these types of communications, including, but not limited to, such communications being read by someone other than myself. I further understand that I will not use SMS/texting to communicate with Sampson's regarding urgent or time-sensitive matters.