



**WASHINGTON ORTHOPAEDICS
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Richard W. Barth MD
*Hand, Wrist, Elbow
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& Adult Reconstruction*

Randall J. Lewis MD
*Joint Replacement &
Adult Reconstruction*

Edward G. Magur MD
*Foot, Ankle General
Orthopaedics & Arthroscopy*

David P. Moss MD
*Hand, Wrist, Elbow,
& Upper Extremity*

Jonas R. Rudzki MD
*Sports Medicine, Arthroscopy
Shoulder, Elbow, and Knee*

Benjamin S. Shaffer MD
*Sports Medicine, Arthroscopy
Shoulder, Elbow, and Knee*

John K. Starr MD
Complex Spinal Reconstruction

Anthony S. Unger MD
*Joint Replacement
Hip, Knee, and Shoulder*

Andrew B. Wolff MD
*Hip Arthroscopy and Preservation,
Sports Medicine*

Stephen S. Hass MD
Physician Emeritus 1975-2009

Carl C. MacCartee
Physician Emeritus 1975-2006

www.wosm.com

() Out of Network Waiver for Medical Services (for commercial policies only)

I, _____, understand that I am choosing to see Washington Orthopaedics and Sports Medicine physicians outside of my commercial/group/individual insurance plan. By doing so, I understand that I am fully responsible for all medical billings incurred as the result of any visit to Washington Orthopaedics and Sports Medicine, P.A.

Signature: _____

Date: _____

() Secondary to Medicare: Out of Network Waiver (for Medicare enrollees only)

I, _____, understand that I am choosing to see Washington Orthopaedics and Sports Medicine who participates with Medicare, but is outside of my **secondary (and tertiary)** insurance plan's network. By doing so, claims will be submitted on my behalf to both Medicare and my secondary insurance. I understand that I may be billed for any deductible or coinsurance not paid in full by my secondary insurance policy.

Signature: _____

Date: _____

() Durable Medical Equipment Waiver for all Patients

I, _____, understand that I am fully responsible for durable medical equipment purchased at Washington Orthopaedics and Sports Medicine not covered by my insurance policy.

PLEASE NOTE

_____**(Initial)** According to the OSHA (Occupation Safety and Health Administration) guidelines, medical equipment purchased and taken off site is not allowed to be returned.

Signature: _____

Date: _____

Medicare Enrollees Only.

_____**(Initial)** The following product(s) may not be covered by your insurance even though it may be prescribed and/or recommended by your physician in the course of treatment.

- | | |
|--|-------------------------|
| TED Stocking | Arch Supports |
| Heel Lifts | Chopat Strap |
| Cast Shoe | Sling(s) |
| Cast Cover | Staxx finger splint |
| Cold Therapy Packs | Budin Hammer Toe Splint |
| Knee orthotic, elastic with stays prefabricated | |
| Knee orthotic, elastic with condylar pads, prefabricated | |
| Knee orthotic, elastic knee cap, prefabricated | |
| Weekener Knee Strap Set | |

_____**(Initial)** Every product sold by our company carries a manufacturers warranty.

Washington Orthopaedics and Sports Medicine will supply all Medicare beneficiaries with the warranty coverage or an owners manual with warranty information where this manual is available and will honor all warranties under applicable law. Washington Orthopaedics and Sports Medicine will replace free of charge, Medicare covered equipment that is under manufacturer warranty.