



INTERVENTIONAL SPINE AND PAIN ASSOCIATES OF NEW JERSEY, LLC

I understand and agree that I am fully responsible for payment of services provided by Mountaineer Orthopedic Specialists LLC, regardless of insurance coverage or policies set by my insurance company. I also agree to make payment, in full, upon notification of any of the following:

1. Non-payment by my insurance company.
2. Receipt of payment from insurance company to policyholder.
3. Any portion of claim applied to my deductible.
4. Any amount not paid by my insurance company.

I authorize the release of any medical information necessary to process this claim and certify that the above information is correct.

I authorize payment of medical benefits to Interventions Spine and Pain Associates of New Jersey, LLC for the services rendered.

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Signature Date