

ACKNOWLEDGMENT

In the event I should need surgery, I understand that Dr. Charles E. Cook and Dr. John M. Noack are in partnership with a group of surgeons and Presbyterian Hospital of Dallas in the ownership of Texas Institute for Surgery. I also acknowledge that they are partial owners of US PostOp, a DME supply company.

By signing below, I acknowledge that I have read the above information. I also understand that I may contact this office with further questions or concerns at 214-265-7175.

Patient Signature

Date

Durable Medical Equipment/Orthotics Policy

It is the policy of our office not to accept returns for any Durable Medical Equipment/Orthotics that have been billed to your insurance company for any reasons. If you request that we bill your insurance and you leave our office with a supply, by signing below you are agreeing that we can't issue a refund under any circumstances. If you truly can not use the equipment and you would like to donate to charity, we can give you the name of an organization that will gladly accept a donation or you can bring it back to our office and we will donate it for you. Thank you for your understanding.

I agree that once my insurance company has been billed for the equipment that I am taking home today, I can not return the equipment for a refund.

Patient Signature

Date