



BARRINGTON

Orthopedic Specialists

Specializing in You

929 W. Higgins Rd, Schaumburg, IL 60195 847-285-4200

Patient Name:

Identification Number:

PRP #1 OF 3

I understand that the services listed below may not be considered eligible for benefits (e.g., services may be determined to be not medically necessary, non-covered, experimental or investigational) by my health insurance provider.

By signing this form I understand that I am agreeing in advance to receive and to pay for the services identified below*.

*0232T – PRP Injection - \$750.00 per injection

Signed: _____

Date of Service: _____



BARRINGTON

Orthopedic Specialists

Specializing in You

929 W. Higgins Rd, Schaumburg, IL 60195 847-285-4200

Patient Name:

Identification Number:

PRP #2 OF 3

I understand that the services listed below may not be considered eligible for benefits (e.g., services may be determined to be not medically necessary, non-covered, experimental or investigational) by my health insurance provider.

By signing this form I understand that I am agreeing in advance to receive and to pay for the services identified below*.

*0232T – PRP Injection - \$750.00 per injection

Signed: _____

Date of Service: _____



BARRINGTON

Orthopedic Specialists

Specializing in You

929 W. Higgins Rd, Schaumburg, IL 60195 847-285-4200

Patient Name:

Identification Number:

PRP #3 OF 3

I understand that the services listed below may not be considered eligible for benefits (e.g., services may be determined to be not medically necessary, non-covered, experimental or investigational) by my health insurance provider.

By signing this form I understand that I am agreeing in advance to receive and to pay for the services identified below*.

*0232T – PRP Injection - \$750.00 per injection

Signed: _____

Date of Service: _____