OSTEOPATHIC FAMILY MEDICINE, LLC
Aaron W. Way, D.O.

Acknowledgment of Policies

- I have read and accept the terms of the Osteopathic Family Medicine Practice's HiPAA privacy policy.
- I have read the payment policy and agree to assign all insurance benefits for rendered medical services payable to Osteopathic Family Medicine, LLC / Aaron Way, D.O.
- I authorize the use of my signature below for submission of claims to insurance companies. I understand that I may request copies of the above documents.

_____ _____

Signature Date

_____

Print Name

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