

**STRASBURGER ORTHOPAEDICS, P.C.**

7121 Stephanie Lane, Suite 100  
Lincoln, Nebraska 68516  
402-466-0100

Scott E. Strasburger, MD  
Jack Nickolite, PA-C  
Melinda Okosun, PA-C

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**Authorization to Release Information**

Authorization to Release Information & Pay Benefits to Physician: I hereby authorize STRASBURGER ORTHOPAEDICS, P.C. to file claims and release any medical information necessary to process this claim for insurance or Worker's Compensation benefits. I hereby authorize payments directly to STRASBURGER ORTHOPAEDICS, P.C. for the surgical and/or medical benefits, if any; otherwise payable to me for the services. I understand that I am financially responsible for the charges not covered by this authorization or insurance.

Unless other arrangements have been made and agreed to by the parties in writing, the amount due as reflected on a statement is due when services are rendered. A late payment charge of one and one-third percent (1 1/3%) per month shall be charged on any unpaid amounts from and after the 61<sup>st</sup> day following the date the patient's financial responsibility is determined.

I hereby authorize STRASBURGER ORTHOPAEDICS, P.C. to appeal all claims for charges I will incur as a patient of this facility.

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Signature (must be signed by parent/legal guardian if patient is a minor)

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Date