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ATHLETIC
ORTHOPEDICS &
KNEE CENTER

FOOT • ANKLE • HAND • PAIN • SHOULDER • SPINE

DOCTOR'S VISIT WAIVER

I understand that my insurance will not cover an AOK physician office visit on the same day I receive physical therapy at AOK. If I schedule appointments to see this physician and receive physical therapy on the same date, I understand I am financially responsible for the full amount of the physician visit.

Patient Name: _____

Patient Signature: _____

Date: _____