



SPORTS MEDICINE, ARTHRITIS,  
& JOINT REPLACEMENT

**Sanaz Hariri, MD**  
ORTHOPEDIC SURGEON

800 Pollard Road, Building C  
Los Gatos, California 95032  
tel 408.871.1800 fax 408.871.2800  
[www.drshanaz.com](http://www.drshanaz.com)

### Patient Financial Responsibility Consent

Dr. Hariri's practice has adopted the following clearly delineated financial policies. If you have any questions about the policies, please discuss them with a member of our billing team (Navneet Kaur, [navneetk@cosentus.com](mailto:navneetk@cosentus.com)). Payment is expected for services rendered. You are required to read, sign, and date the agreement prior to treatment.

I understand and agree that I will be financially responsible for any and all charges for services rendered if not paid by my insurance. This includes any services performed by or products (e.g., injectables) dispensed by Dr. Hariri.

- I understand and agree that it is my responsibility and not the responsibility of the physician or her staff to know if my insurance will pay for such medical services including injections, office visits and surgeries.

\_\_\_\_\_ (Initials)

- I understand that it is my responsibility to know if my insurance is out of network with this practice, has any deductible, co-payments, co-insurance, and/or any type of benefit limitations for the service(s) or product(s) I receive.

\_\_\_\_\_ (Initials)

- If Dr. Hariri is not a contracted in-network provider, I understand that claims may be denied and/or I will be responsible for higher out of pocket expenses. I agree to be financially responsible and make full payment at self-pay services rates.

\_\_\_\_\_ (Initials)

I understand that if my insurance is not active at the time of services rendered, I will be responsible for the full amount at the practice's self-pay rates. I understand that even though an insurance may approve a service, the insurance policy is that approval of services rendered is a not a guarantee that they will pay for that service.

I understand that if my account is delinquent by more than 3 months, a collection process may be triggered.

For your convenience, our practice accepts Visa, MasterCard, Cash and Personal Checks. For ease of payment, patients can pay online as directed on the billing statements and on Dr. Hariri's website.

I have read and agree to the above financial responsibility policies of Dr. Hariri's office.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
Responsible Party Name (if different than patient)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**