



Orthopaedics
Sports Medicine
Industrial

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*Please be aware at the time of your appointment, the amount of your co-insurance for your visit will be due. **THIS IS ONLY AN ESTIMATE OF YOUR DEDUCTIBLE AND/OR CO-INSURANCE.** If you currently have not met your deductible, you will be responsible for the total amount of your visit. Once your deductible has been met you will be responsible for paying the amount your insurance does not cover. For example: if your insurance pays 80% then you will be responsible for the remaining 20%. As a courtesy, we will verify what this amount is or if your deductible has been met.*

_____ *Patient Initial*