

Patient's Responsibilities

Being an **Operation Walk USA** patient means that the necessary pre-operative care, hospital stay, surgery, surgical implants, lab work, x-rays and cardiac EKG required for the surgery will be provided to you by our participating volunteers and hospitals **at no cost to you**.

However, you play an important part in your own recovery. Please read carefully your list of responsibilities and check each box.

By signing below, I fully understand and agree that:

- I will follow diligently and precisely my **Operation Walk USA** plan of care, physical therapy, and the advice and instructions of my **Operation Walk USA** healthcare providers.
- I will attend any pre- or post-operative patient education activities, as required, and as offered by my **Operation Walk USA** healthcare providers.
- I understand that I will receive complimentary prescription medication that is related only to the procedure(s) performed through **Operation Walk USA** for up to 30 days following my surgery. I will fill prescriptions and take the prescribed medications exactly as instructed. All subsequent Rx refills related to the procedure(s) performed through **Operation Walk USA** are my own responsibility and I will seek no assistance or reimbursement from **Operation Walk USA** healthcare providers. **Operation Walk USA** is not responsible for any medications unrelated to the **Operation Walk USA** procedure(s) and will not prescribe, provide or otherwise pay for any medication(s) needed or requested for conditions unrelated to the **Operation Walk USA** procedure(s).
- I will quickly and accurately supply any required information to **Operation Walk USA**, the healthcare providers, administration and/or staff.
- In the event that the care I need is unavailable through **Operation Walk USA**, I understand that I am solely responsible for the care, including but not limited to any additional care, prescriptions or services.
- I will mobilize all available personal resources, including family and friends, to assist and support me on my journey to recovery.
- I will be responsible for my own transportation to and from surgery, all appointments, and patient education classes, etc., related to my participation in **Operation Walk USA**. I will seek no assistance or reimbursement from **Operation Walk USA** and/or **Operation Walk USA** healthcare providers.
- I will seek any health insurance coverage for which I am eligible, and will inform **Operation Walk USA** immediately if my coverage status changes, including but not limited to, Medicaid, Medicare, and/or other forms of health insurance.
- If I file for disability or engage/participate in a lawsuit or settlement related to my condition, I may become ineligible for **Operation Walk USA**. The **Operation Walk USA** healthcare provider(s) will not be responsible for completing paperwork and related follow-up services to assist in my legal or administrative filings.

IMPORTANT! Operation Walk USA participating physician's/hospital will provide medical treatment for any post-operative complications and/or urgent care related to the procedure performed through Operation Walk USA, at no cost to the patient. The post-operative period will be defined by each hospital using its normal standards of patient care. If you need additional/urgent care during this period, please contact the participating physicians/hospital. This is the only way to ensure that you will not be billed for the treatment provided during this post-operative period.

Patient's Name:	Patient's Signature:	Date:
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KEEP THIS DOCUMENT. IT DOES NOT NEED TO BE RETURNED TO OP WALK USA.

Operation Walk USA

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