

THIS INFORMATION SUPPLEMENTS THE PATIENT INFORMATION TYPICALLY PROVIDED BY THE HOSPITAL. IT IS FOR THE PATIENT TO KEEP; **IT DOES NOT NEED TO BE RETURNED TO OPERATION WALK USA.**



December 2-7, 2024 | Nationwide

Welcome!

Dear _____

Congratulations! You have been added to the pool of prospective patients to participate in the **Operation Walk USA – 2024** nationwide program. You may be selected to undergo joint replacement surgery.

Operation Walk USA is an independent medical humanitarian organization that provides free primary hip or knee replacement surgeries to patients in the United States. **Operation Walk USA** benefits **US citizens and permanent residents** who are uninsured, do not qualify for government assistance programs, and cannot otherwise afford surgery. **Operation Walk USA** is committed to helping those in need by restoring their mobility, self dignity and productivity, thus helping them return to work and social activities. Our efforts are supported by professionals across a wide spectrum of health care—from orthopaedic surgeons who donate their skills and time to hospital administrators who provide beds, operating room facilities, medications, and recovery support, to other professional medical specialists (including anesthesiologists, nurses, scrub technicians, physical therapists). Additional supporters include implant manufacturers, other corporate entities, and, in certain cases, local skilled nursing facilities.

Operation Walk USA takes place once a year, in December. The 2024 national event is scheduled for **December 2-7, 2024**, although some exceptions are permissible. You may be one of many patients receiving the gift of mobility this year.

Your surgery's date will be: _____

Your surgery will take place at:

Your operating surgeon is: _____

Please refer to the attached information for additional details and important information.

IMPORTANT!
In the unlikely event you require emergency/additional care during your post-operative recovery period, please contact us immediately:

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, Disability 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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