

**Bone & Joint Associates, PLLC  
628 Hospital Drive  
Ground Suite E  
Mountain Home, AR 72653**

**M. B. Moore, MD      Anthony D. McBride, MD      Aaron J. Wallace, MD**

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*Receipt of Notice of Privacy Practices  
Written Acknowledgement Form*

I, \_\_\_\_\_, have received a copy of Orthopaedic  
Patient name

Associates' Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient / Responsible Party

\_\_\_\_\_  
Date

*Acknowledgment of receipt of Financial Policy*

I, \_\_\_\_\_, have received a copy of  
Patient name

Orthopaedic Associates' Financial Responsibility Policy.

\_\_\_\_\_  
Signature of Patient / Responsible Party

\_\_\_\_\_  
Date