



When your feet need a specialist...

YOUR SIGNATURE ON FILE

I authorize Dr. McDonald to examine my feet and to do whatever minor procedures are necessary to evaluate my condition.

I authorize the use of this form on all my insurance submissions and authorize Family Foot Care, P.C. to act as my agent in obtaining proper reimbursement from my insurance company(ies).

I authorize insurance payment directly to Family Foot Care.

I understand and agree to the financial policies listed below for the provided services and procedures. If the account for services rendered must be turned over to a collection agency, the undersigned shall pay all collection fees, costs of collection and reasonable legal fees.

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read) and understood the Notice.

I permit a copy of this statement to be used in place of the original.

PRINTED NAME

PATIENT SIGNATURE

DATE

FAMILY FOOT CARE FINANCIAL POLICIES

1. We will file your medical insurance for you. However, you are responsible for paying any co-payments or deductibles at the time of your visit. If after sixty (60) days we have not received reimbursement from your insurance company, you will be billed for the entire amount due.
2. Services or supplies which are considered "non-covered" by your insurance company are to be paid on the day of your visit.
3. If there is a balance on your account after your insurance company has paid, the balance will be due within thirty (30) days. After ninety (90) days, there will be a six (\$6) billing fee added to your account each month.
4. All non-active accounts ninety (90) days old may be placed with a collection agency. Please notify us if you are having trouble making payments on your account to avoid "collections." Any collection costs will be added onto your account.
5. There will be a \$25.00 service charge on all returned checks.
6. If you need to reschedule or cancel an appointment, please notify us as soon as possible.