



AUTHORIZATION FOR TREATMENT AND FINANCIAL AGREEMENT

I authorize a Podiatrist at InStride Family Foot Care 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 InStride Family Foot Care to act as my agent to obtaining proper reimbursement from my insurance company(ies). I authorize insurance payment directly to InStride Family Foot Care.

I understand and agree to the financial policies listed below for the provided services and procedures. 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 understand the Notice. I permit a copy of this statement to be used in place of the original.

I am responsible for paying any co-payments or deductibles at the time of my visit. If after sixty (60) days, InStride Family Foot Care has not received reimbursement from my insurance company, the entire amount will be due. Services or supplies which are considered "non-covered" by my insurance company are to be paid on the day of my visit.

If there is a balance on my account after my insurance company has paid, the balance will be due within thirty (30) days. There will be a six dollar fee added to my outstanding account each month.

All non-active accounts ninety (90) days old may be placed with a collection agency. Please notify InStride Family Foot Care if you are having trouble making payments on your account to avoid "collections." 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 fees.

There will be a \$30.00 service charge on all returned checks. There is a \$20.00 charge for completing disability paperwork or supplemental insurance forms.

If you need to reschedule or cancel and appointment, please notify us as soon as possible.

Print Patient's Name

Date

Signature of Patient or Authorized Agent