

**ADVANCED FOOT CARE, LLP**  
**INSURANCE ASSIGNMENT OF BENEFITS AND FINANCIAL AGREEMENT**

Dear Patient,

We at Advanced FootCare Centers want to make your experience with us a pleasant one. As you can imagine there are hundreds of different insurance policies and managed care options available. It is impossible to obtain payment for our services without the full cooperation of you, our patient.

Although we maintain a highly trained and qualified staff to accurately bill your insurance, we cannot know every aspect of each individual's insurance coverage. Ultimately, it is your responsibility to know your insurance policy. We advise you to contact your insurance carrier prior to visiting ANY physician so that you are aware of your coverage. Most insurance cards have a toll free number listed on the back of the card so that you can contact a representative.

Some things to be aware of:

- A) Does your insurance company require a referral from a Primary care physician?
- B) If so, have you obtained that referral? Most managed care plans do not issue referral numbers after the date of service. If the referral has not been received by the time of your visit you will be responsible to pay for the services.
- C) Does your insurance policy have limits on foot care?
- D) Are you restricted to seeing only certain physicians?
- E) Am I responsible for a co-pay for each office visit and if yes what is the amount for a specialist.
- F) Am I responsible for a deductible and or co-insurance amounts that may not be paid by my insurance?

My signature at the bottom of this form authorizes payment for services rendered to myself or my dependant to be made directly to Advanced FootCare, LLP. This authorization is valid until I notify Advanced Foot Care in writing that it is revoked.

I understand that I am responsible for giving "Advanced Foot Care, LLP" the correct insurance information at the time services are rendered. Advanced Foot Care, LLP agrees to bill your primary insurance carrier. If you have more than one insurance we will bill your secondary insurance one time as a courtesy. If payment is not received from your secondary within 45 days the balance becomes your responsibility. All insurance information must be provided to our office, at the time of service.

I understand that I am responsible for obtaining the proper referral and may be held responsible for charges not covered by my Insurance due to my failure to obtain the required referral.

I agree to pay for non-covered services under my insurance plan (services for which I have a policy exclusion).

**ADVANCED FOOT CARE, LLP  
INSURANCE ASSIGNMENT OF BENEFITS AND FINANCIAL AGREEMENT**

I understand that Advanced Foot Care, LLP is not responsible for knowing if the group/physician is a participating provider with my insurance carrier.

We at Advanced Foot Care, LLP expect that all accounts should be paid by the receipt of the first two statements. If your account has not been settled either by payment in full or by contacting our billing department to set up a payment plan we will be charging a \$10 re-billing fee, for each statement that we mail. If you have made arrangements with our office we will not charge the re-billing fee for statements sent. Your account will be turned over to collection if you do not fulfill the terms of your financial arrangements.

I understand that there is a fee \$25 fee for all returned checks.

I understand that if I do not call to cancel my appointment within 24 hours there will be a \$25 fee applied to my account.

**I understand that I am responsible for all balances not paid by my insurance carrier, including deductibles, co-pay, and co-insurance and out of network penalties. I further understand that if this balance is turned over to an outside collection agency that I shall be liable for all costs of collection and any attorney fees and or court costs incurred by this office.**

---

Patient or Patients Guardian or Legal Representative Signature

Date

---

Name of Patient or Guardian or Legal Representative

Relationship to patient