Milford Podiatry Associates, P.C.

Financial Agreement

You may complete the form and bring it with you for your office visit. Thank you.

PATIENT: ______________________________ **ACCT#:** ______________________________
(office use)

Welcome to our practice. Payment is requested at the time of service. Visa, MasterCard, personal checks and cash are accepted.

We submit claims to your insurance company as an additional service to the patient. We do not determine the amount of coverage the patient will receive — this is done by the insurance company. You must direct your questions regarding medical benefits to your insurance representative.

"I hereby certify that I have read this Financial Agreement, and **I agree to accept full financial responsibility for payment of charges incurred by the above named patient**."

You can agree to directly assign any payment from insurance to your physician(s) by reading and signing the statement below:
"**I authorize payments for medical benefits to be made directly to Milford Podiatry Associates, P.C. by my insurance carrier(s).** I permit a copy of this authorization to be used in place of my original signature on the FORM HCFA-1500."

For insurance claim purposes, our office requires your **authorization to release medical information**. Please read the following statement and sign below:

"I authorize Milford Podiatry Associates, P.C. to release any information pertaining to the examination, treatment, history and medical expense to my insurance carrier(s) for insurance claim purposes. This release may include review and/or photocopy of documents for consideration/payment of claims by the insurance carrier(s)."

SIGNATURE: ______________________________ **DATE:** ______________________________

If Guarantor, relationship to patient: ______________________________

NOTICE OF PRIVACY PRACTICES

I have been offered the Notice of Privacy Practices and have:

(check one) ______ declined to read this notice
______ accepted and read this notice

SIGNATURE: ______________________________ **DATE:** ______________________________