

Oregon foot & Ankle Specialists LLC

NO SHOWS/CANCELLATIONS

Please notify us at least 24 hours during business hours if you need to change or cancel your scheduled appointment or you will be charged a \$100 fee. This fee is your responsibility and will not be billed to your insurance carrier or to workers compensation.

I understand that I will be billed a cancellation fee of \$100 if I do not cancel within 24 hours of my scheduled appointment.

Patient's Signature

Date

ASSIGNMENT OF BENEFITS AGREEMENT

STATEMENT OF RESPONSIBILITY IF YOU HAVE HEALTH INSURANCE OF ANY KIND, PLEASE READ OUR POLICY:

We will do everything we can to help you obtain reimbursement from your insurance carrier; however, the basic responsibility is yours.

INSURANCE: As a courtesy to you, we will send claims to your insurance company. However, we cannot accept the responsibility for negotiating claims with insurance companies or other parties. You are responsible for payment for services rendered within a reasonable time.

REGARDLESS OF THE STATUS OF YOUR CLAIM: In circumstances where a claim is pending, or when treatment is needed for an extended period of time, it is recommended that a payment plan be initiated. We will gladly assist in designing a plan to meet your needs.

REDUCTION OR REJECTION OF YOUR CLAIM: Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. If your insurance company pays only a portion of the bill or rejects your claim, you should make any contact or explanation to you, their policyholder. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred.

I have read and understand the above statements. I authorize my Insurance Co. to pay my podiatry benefits directly to the doctor.

Patient's Signature

Date