

1. **Introduction.** This agreement documents the expectations and responsibilities of both the Patient and the Doctor in your foot and ankle care; It helps ensure clear communication, informed decision-making, and a mutually beneficial doctor-patient relationship.
2. **Doctor-Patient Relationship.** San Mateo Podiatry Group (the practice) is a professional corporation, its Doctors provide podiatric medical and surgical services. Once a Doctor-Patient relationship has been established, the Doctor works with the patient to provide the best possible podiatric medical and surgical services in exchange for payment for those services.
3. **Doctors are licensed to practice medicine, insurance companies are not.** We agree the Doctor-Patient relationship should not be inappropriately influenced by any health insurance company or organization, or their guidelines, restrictions or contracts because:
 - a. They are not licensed to practice medicine,
 - b. They do not have a duty in regards to patient care, and
 - c. They often have an intrinsic conflict of interest
4. **Patient Responsibilities.** The patient has the responsibility to:
 - a. Provide complete and accurate information about their medical and surgical history and health matters.
 - b. Report changes in their condition to the Doctor.
 - c. Confirm their understanding of the plan and expectations of them.
 - d. Keep appointments and, when unable to do so for any reason, notify the practice.
 - e. Accept responsibility for their actions if they refuse treatment or do not follow the Doctor's instructions.
 - f. Ensure that the financial obligations of their healthcare are fulfilled as promptly as possible.
5. **Patient Affirmation: Completeness and Accuracy.** I have answered the questions regarding my medical history accurately and to the best of my knowledge. I understand that providing incorrect information can be dangerous to my health. I am responsible for informing the doctor and office staff of any changes in my health and medical status.
6. **Patient Authorization: Treatment and Medication History.**
 - a. I consent to the Doctors to perform minor procedures to treat my condition or injuries.
 - b. I also consent for my minor child/children or family members for whom I am responsible.
 - c. I consent to accessing and downloading my prescription medication history.
7. **Emergency.** In an emergency, or a situation that you could reasonably expect to develop into an emergency, you understand and agree to call 911 or the nearest emergency room, and follow the directions of emergency personnel.
8. **Patient Authorization: Communications.** I consent to being contacted by phone, email, and text based on my preferences and I understand that these are not encrypted or secure communications, and waive any privacy requirements. I understand that all such communications may become a part of the medical record.
9. **Appointments and Cancellations.** We will make every effort to accommodate your scheduling needs; In return, we ask that you help us by keeping your scheduled appointments and by notifying us in advance if

you are unable to do so. Patients who fail to arrive within fifteen minutes of their scheduled appointments or who cancel with less than 72 hours' notice will be charged a fee of \$150 to the credit card on file.

10. **Financial Policy**

a. **We work for our patients, not their health insurance companies.**

- i. We are experts at educating patients and helping maximize their health insurance benefits.
- ii. We are committed to providing the best possible care regardless of insurance coverage.
- iii. Our treatments and fees are always designed to meet the specific needs of our patients.

b. **Fee Estimates:**

- i. New patient visits start at \$249, New Patient visits and imaging are \$849.
- ii. We are happy to provide a complimentary benefits check on request to help you understand your health insurance cost share and out of pocket amounts.

c. **Our billing and payment policy is simple:**

- i. You agree to pay for the services that you receive; Payment is due at time of service.
- ii. We will submit charges to insurance plans that work with us.
- iii. Cost share amounts (such as co-pay, co-insurance, and deductibles) are due at time of service.
- iv. You agree to pay for services not paid by your insurance and waive any contractual coverage.

d. **Credit cards securely on file for your convenience.**

- i. We keep credit cards securely on file for charges and insurance cost share amounts.
- ii. All balances due at sixty days will be charged to the card on file, with receipts via email.

11. **Patient Authorization: Assignment of Benefits and Release of Information.**

- a. I authorize the practice to act as my representative for any and all matters with my health insurances.
- b. I authorize the release of any information to submit and process insurance claims on my behalf.
- c. I assign to the practice the payments and benefits of all my insurance policies to which I am entitled.

12. **Termination.** Either party can end this agreement at any time by giving the other party notice. In the event of any termination, the Practice will settle your account by charging the Credit card on file. Patients shall be provided electronic access to the patient's file to facilitate transfer and continuity of care.

13. **Patient Acknowledgement: Notice, Receipt, and Understanding.** I have received and understand the following notices, available upon request and on the practice website:

- a. Notice of Privacy Practices (HIPAA)
- b. Podiatric Medical Board of California Notices
- c. Medicare Open Payments Database

14. **Electronic Signature.** An electronic copy of this agreement shall be binding as the original.

15. **Amendment.** San Mateo Podiatry Group reserves the right to update this agreement at any time. Changes will be effective immediately upon posting.