

Agreement, Practice and Financial Policies

Introduction

Welcome, and Thank You for choosing San Mateo Podiatry Group for your foot and ankle care. Please review and agree to our Practice and Financial policies; your clear understanding is important to our professional relationship.

Practice Policies

I acknowledge that I have received and reviewed the Practice Policies of San Mateo Podiatry Group. A copy is available upon request and can be obtained from practice website.

Financial Policies

To continue to *deliver excellence* to our clients, our policy is simple:

- For treatments that are covered by health insurance, we ask that all patient responsibility amounts (co-payment, co-insurance, and deductible) be paid at the time of your visit.
- For treatments that are not covered, we ask you to waive your contractual coverage and be responsible for the associated costs.

Credit Cards

We keep credit cards securely on file to pay for incidental charges, such as copayment, co-insurance and deductible amounts; All account balances due at sixty days will be charged to the credit card on file. We always notify patients prior to any charges.

Electronic Signature

This completed agreement will be stored in your client file, and shall be binding as the original; A copy is available upon request.

Physician - Patient Relationship

The Doctor will conduct an evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient; completing this form does not establish a doctor-patient relationship.

I accept and agree to the Practice Policies and Financial Policies of San Mateo Podiatry Group.

(Electronically Signed and Stored To Client File, Please See Following Page for Signature)