

Welcome and thank you for choosing San Mateo Podiatry Group for your foot and ankle care!

We ask that you take a few moments to review and agree to our policies; your clear understanding is important to our professional relationship. **Acceptance of these policies is mandatory.**

Practice Policies

I acknowledge that I have received and reviewed the practice policies of San Mateo Podiatry Group, available upon request and on the practice website.

Financial Policies

Credit Cards:

The practice maintains credit cards securely on file; all account balances due at sixty days will be charged to the credit card on file. We will notify you prior to charging your card.

Health Insurance:

We work for our patients, not insurance companies; we bill insurance as a courtesy to our patients. Health insurance policies are not all the same and do not cover or pay for the same service. Usually, payment and coverage cannot be determined until the insurance company reviews the claim. All patient responsibility amounts and any non-covered fees are due at the time of your visit.

Coverage Waiver:

You agree to waive your contractual coverage, and be responsible for the charges if, for any reason:

1. Your health insurance does not completely cover or pay for services provided, or
2. Your health insurance does not pay the practice within sixty (60) days.

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.

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. If at any time you have a question, please contact us.

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

(See Following Page for Signature)