PATIENT RESPONSIBILITY

_____ I hereby assign all medical & surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize & direct my insurance carrier(s), private insurance and any other health/medical plan to issue payment check(s) directly to West Coast Foot and Ankle Center.

_____ It is my responsibility to understand and know my insurance benefits.

_____ It is my responsibility to notify of any insurance changes **PRIOR** to my appointment.

_____ I understand that I am financially responsible for my health insurance deductible, coinsurance or non-covered service.

_____ Co-payments and any outstanding payments are due at time of service.

_____ I understand that there will be an attempt to bill my insurance for covered services and procedures. After 90 days, from the initial insurance submission, payment you will be expected to pay for services in full if the claim is denied or still pending.

_____ If I am unable to pay my outstanding balance and/or copayment, West Coast Foot & Ankle Center reserves the right to reschedule my appointment on the day of.

AUTHORIZATION TO RELEASE RECORDS

I hereby authorize West Coast Foot & Ankle Center to release to my insurance payer, governmental agencies, or any other entity financially responsible for my medical care, all information, including diagnosis and the records of any treatment or examination rendered to me needed to substantiate payment for such medical services as well as information required for precertification, authorization or referral to other medical providers.

OFFICE CHARGES

There is a $50 fee for no show or late cancellation. A 24 hour notice is required to avoid charges.
There is a $25 charge for each check returned to us for non-sufficient funds.
There is a $30 charge per form to be completed. *There will be a one time charge for EDD forms.

_____ _____

Signature **Date**

_____ _____

Print Name **Relationship to Patient**

Locations:

Palm Desert Medical Offices: 41990 Cook Street, Suite 1004, Palm Desert, CA 92211
Palm Springs Medical Offices: 1180 N Indian Canyon Drive, Suite W300, Palm Springs, CA 92262
Yucca Valley Medical Offices: 56165 29 Palms Highway, Yucca Valley, CA 92284
P: (760) 565 - 5545 **F:** (760) 424 - 5578 **E:** billing@westcoastfootandankle.com

www.westcoastfootandankle.com