

Earnest Foot & Ankle, PLC
Dr. Russell Earnest, DPM Dr. Mark Erdman, DPM
1336 Alverser Plaza, Midlothian, VA 23113
(804) 594-1944 (804) 594-1945 (fax)
www.EarnestFootAnkle.com

Privacy Authorization and Release

1. I, the undersigned, assign directly to Earnest Foot & Ankle, all medical insurance benefits, if any, otherwise payable to me, for services rendered. I authorize release of any information concerning my (or my child's) healthcare, advice and treatment provided for the purpose of evaluating and administering claims for health insurance benefits.
2. I acknowledge receipt of notice of privacy practices. I acknowledge that I was provided with a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if, I so chose) and understood the notice. _____ (Please initial)

Agreement to Financial Responsibility

_____ (Please initial) I agree for Earnest Foot and Ankle, PLC to bill my insurance company. I understand I will be financially responsible for my visit should there be any charges excluded by insurance, or if there has not been a response within 60 days. This includes denial for payment due to my failure to provide information regarding changes to my insurance coverage including authorization/referrals.

_____ (Please initial) Earnest Foot & Ankle, PLC, requires any co-pays to be paid at time of visit. **If a procedure is required and my deductible has not been met, I will be asked to prepay the allowable amount.** Payment-In-Full is due at time of service unless other arrangements have been made in advance. Any additional outstanding balance must be paid prior to or at time of registration of the next follow up visit, if any. Any balance not paid at time of service will be considered an extension of credit. I understand that I am financially responsible for all charges whether or not paid by insurance, and in the event any amount due remains unpaid after a bill is rendered, I agree to pay a collection penalty of thirty five (35%) of the principle account balance and any other fees, including attorney fees and court cost.

Telephone Communications:

_____ (Please initial) You authorize us, our successors or assigns, to call, email or send you text message to any number, email, address you provide or at any number at which responsibly believe we can contact you, including calls or texts to mobile, cellular, or similar devices, and including using automatic telephone dialing system and or prerecorded messages, for any lawful purpose, including obtaining information necessary or desirable for your account.

Signature

Date

Patient Name (please print)

Parent or authorized representative