Gavilan Foot Care Center
Kaveh Akhbari, DPM

NOTICE AND ACKNOWLEDGEMENT

(Please **INITIAL** on the lines before each sentence)
I acknowledge that I have received and read a copy of the following documents (**in bold**) and by signature, I agree to:

1) _____ Authorize Gavilan Foot Care Center to make referrals on my behalf and share relevant clinical and demographic information as outlined in the **HIPAA Patient Consent Form and the Practice Privacy document.**

2) _____ Authorize Release of Medical Information to specified individuals provided by me, to Gavilan Foot Care Center.

3) _____ Authorize **Release of Information** regarding my medical treatment when requested by my insurance carrier and authorize **Assignment of Benefits**/payments directly to Gavilan Foot Care Center for the provision of surgical and medical benefits. (Insurance Waiver)

4) _____ The retrieval of my prescription history via the SureScripts clearinghouse and to the submission of electronic prescriptions to my preferred pharmacy

   a. Your Preferred Pharmacy_____City_____

5) _____ I have received and reviewed the **Lifetime Authorization** regarding Medicare's coverage for Routine Foot Care

6) _____ Office hours are by appointments only. I understand that failure to notify our office within 24 hours or failure to show may result in a $25 charge.

7) _____ **PAYMENTS WITH INSURANCE**: Copayments are due and payable at the time of service. The amount that your insurance carrier determines is your responsibility and payable within 30 days of notification by your carrier. After 30 days, a **$5.00 billing charge** will be added to each statement sent. After 90 days a **$25.00 late fee in addition to the $5.00 billing charge** will be added to each statement

8) **Insurance**: Our office will submit insurance claims following treatment. Prior to your treatment, please establish eligibility with your insurance company and if prior authorization is required

X_____ _____
Signature of Patient or Guardian Date

_____
Relationship to Patient, if signed by Representative