



Consent for Care and Treatment

I, the undersigned do hereby agree to give my consent for the practice of Maria Chon DPM, to furnish foot and ankle services considered necessary and proper in diagnosing and treating my condition.

Patient/Guardian _____ Date _____

Benefit Assignment and Release of Information

I, the undersigned, do hereby assign all medical benefits to which I am entitled, including Medicare, private insurance, and third party insurance payers to Maria Chon DPM. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including x-ray records, to secure payment.

Patient/Guardian _____ Date _____

Financial Policy Statement

We will bill your insurance carrier as a courtesy to you. You are responsible for the entire bill. We require that arrangements for payment of your estimated share be made at time service is rendered. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. I also understand and agree to pay for services deemed "not covered services" necessary for the diagnosis and treatment of my foot and ankle condition.

I understand that I will be responsible for any deductibles, co-pays and co-insurances.

If any payment is made directly to you for services billed, you will promptly remit the payment to Maria Chon DPM.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees and attorney fees.

If an appointment is cancelled without at least 24 hours notice, a \$40 fee will be charged.

I have read the above information and understand my responsibility for the payment of my account.

Patient/Guardian/Responsible Party _____ Date _____