MOORE Foot & Ankle Specialists

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WORKMAN'S COMPENSATION PATIENT FINANCIAL RESPONSIBILITY FORM

Name:	DOB:
Case Number:	Adjuster:

Thank you for choosing Moore Foot and Ankle Specialists as your podiatric healthcare provider. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this for to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities

- The patient is ultimately responsible for the payment for treatment and care.
- We will bill your workman's compensation case for you. However, the patient is required to provide the most correct and updated information regarding his/her case. Failure to follow directions causing denials in the claim will make the patient solely responsible for all the fees and charges accrued.
- Non-compliance of treatment recommendations causing denials of the case will make the patient responsible for payment of co-pays, co-insurance, deductibles and all other procedures or treatments not covered or denied by the workman's compensation claim.
- If applicable, Co-insurance, deductibles and non-covered items are due 30 days from receipt of billing. If the case exceeds 90 days of nonpayment the patient will be ultimately responsible for payment for treatment and care.
- If applicable, Patients may incur, and are responsible for payment of additional charges. These charges may include: x-ray cd's, copy of medical records, disability form, FMLA paperwork or any form requiring a physician signature. This is the sole responsibility of the patient.
- All treatment recommendations require authorization from the adjustor or workman's compensation plan. It is the patient's responsibility to understand the terms of treatment and requirements of the plan. Any additional treatment not authorized can be performed and will be the sole responsibility of the patient.
- Charge for returned checks is $50.00 and the sole responsibility of the patient.
- Charge for missed appointments without 24 hours' notice is $50.00 and the sole responsibility of the patient

By my signature below, I hereby authorize assignment of financial benefits directly to Moore Foot and Ankle Specialists and any associated healthcare entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.

I have read, understand, and agree to the provisions of the Patient Financial Responsibility Form.

Signature of patient	Date