



Assignment of Benefits

I certify that the information I have given to Advanced Foot & Ankle Specialists, PA, is true and correct to the best of my knowledge. I promise to pay Advanced Foot & Ankle Specialists, PA all charges and expenses for services provided to me in accordance with the current fees and charges to the extent that the fees and charges are not covered or paid my insurance(s).

I request that payment of authorized benefits under any private or government insurance program be made on my behalf to Advanced Foot & Ankle Specialists, PA for services furnished to me by the providers of Advanced Foot & Ankle Specialists, PA. I authorize any holder of medical information about me to release to third party reimbursers and its agents any information needed to determine benefits, if applicable. Advanced Foot & Ankle Specialists, PA may pursue collection of these benefits in my name or in the name of Advanced Foot & Ankle Specialists, PA. I also authorize the use of a copy of this authorization in place of the original. I understand that possession of medical insurance does not relieve me of financial responsibility to Advanced Foot & Ankle Specialists, PA. I will personally be responsible for all charges for services that are not covered by my health insurance.

Date

Signature of Patient or Guardian

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