

Insurance Authorization And Assignment Form

All professional services rendered are charged to the patient. If we do not accept your insurance plan, the necessary forms will be completed to help expedite insurance carrier payments. However, the patient is responsible for all fees and it is customary to pay when services are rendered unless other arrangements have been made in advance with our office, you have to pay your co-payment and/or deductible when services are rendered.

It is the responsibility of the patient to secure the necessary referrals from his/her primary care physician. If you do not have the necessary referral at the time of your visit, the fee for the service rendered will be your responsibility and is expected to be paid at the time of your visit.

I hereby authorize the doctors at Livingston Podiatry Associates to diagnose, treat and manage the medical condition(s) presented at the time of the visit and to furnish any information to the insurance carriers concerning my illness and treatments. I hereby assign all insurance payments to Livingston Podiatry Associates for medical services rendered to myself or my dependents. I understand that I am responsible for any amount that is not a covered service under my insurance.

Patient: