

Deer Creek Footcare LLC/Dr. Warren R. Trampe, DPM

PATIENT FINANCIAL RESPONSIBILITY AGREEMENT

I _____ acknowledge that I have read and understand the financial responsibility policies of **Deer Creek Footcare LLC/Dr. Warren R. Trampe, DPM** and agree to each and all of **Deer Creek Footcare LLC/Dr. Warren R. Trampe DPM's** financial policies.

1. The Patient (or patient's guardian, if a minor) is financially responsible for the payment of all medical bills for the treatment and care provided by **Deer Creek Footcare LLC/Dr. Warren R. Trampe, DPM**. If the Patient desires a third-party to pay qualified medical bills (e.g., insurance company, Medicaid, or Medicare), the Patient is required to provide current and accurate information about any third-party payer(s). The Patient is financially liable for any portion of a bill for which a third-party payer denies coverage or fails to pay the full outstanding amount after accounting for all adjustments and other potential considerations.
2. Any dispute the Patient may have with any third-party payer will not affect the financial liability of the Patient to pay all outstanding bills.
3. The Patient is responsible for the payment of co-pays, co-insurance, deductibles, and all other procedures and/or treatment not covered by the Patient's insurance plan(s). Payment is due at the time of service and may be in form of cash, check, and most major credit cards.
4. The Patient authorizes **Deer Creek Footcare LLC/Dr. Warren R. Trampe, DPM** to furnish to health insurance carriers, any or all patient information, including but not limited to any and all medical records, notes, test results, x-ray reports, MRI reports or other documents related to medical treatment (including itemization of any charges and payments on the Patient's account) that is deemed necessary to process any claim.
5. The Patient authorizes **Deer Creek Footcare LLC/Dr. Warren R. Trampe DPM** to release any and all patient information necessary to collect any debt for unpaid bills related the treatment the Patient received from **Deer Creek Footcare LLC/Dr. Warren R. Trampe DPM**.
6. The Patient consents to a returned check fee if the Patient's check is declined.
7. The Patient agrees to pay a collection fee of 30% in the event **Deer Creek Footcare LLC/Dr. Warren R. Trampe, DPM** retains a collection agency. In the event **Deer Creek Footcare LLC/Dr. Warren R. Trampe, DPM** retains an attorney to collect any amount of a patient's unpaid bills, whether or not a lawsuit is ever filed, Patient also agrees to pay legal expenses, including without limitation court costs and reasonable attorney's fees.
8. The Patient acknowledges that **Deer Creek Footcare LLC/Dr. Warren R. Trampe, DPM** reserves the right to release necessary patient information and any medical records to any collection agency and/or attorney to further the collection of unpaid bills.

I have read, understand, and agree to the provisions of this Patient Financial Responsibility Agreement:

Signature of Patient or Guardian

Date

Name Printed: _____

Phone Number: _____