

ALL PODIATRY GROUP

STEVEN BAKER, D.P.M.

MICHAEL ZURI, D.P.M.

*Podiatry and Foot Surgery
Diseases of the Foot and Leg*

CONSENT FOR: _____
(PRINT NAME OF PATIENT)

The signature affixed below authorizes examination and treatment by Drs. Baker and Zuri.

INSURANCE BILLING:

Please be aware that there are many different insurance policies, and as the insured, it is your responsibility to be aware of your policy requirements. For instance, some managed care policies require an authorization from a Primary Care Physician in order to be seen by a Specialist. Please present authorizations and referrals to the receptionist when you complete your New Patient Information.

My Signature below authorizes payment to this office from any and all insurance carriers for medical expenses incurred. Photocopies of this form will be valid as the original.

I accept responsibility to pay any deductible amount, co-insurance, or co-pay that my insurance dictates.

MEDICARE / MEDIGAP

I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the SSA or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that the payment of authorized benefits be made on my behalf, I assign the benefits payable for physician services to the physician and authorize the physician to submit a claim to Medicare for me.

I request that payment of authorized Medigap benefits be made on my behalf to this Practice for any services furnished me by a physician in the Group. I further authorize any holder of medical information about me to release to my Medigap insurer any information needed to determine these benefits or the benefits payable for the related services.

PRIVATE PAY

I accept responsibility to pay all charges incurred as a result of treatment by the Physicians in the Group at the time of service.

PATIENT OR LEGAL GUARDIAN'S SIGNATURE

DATE

2511 W.M.L.K. Blvd.
Tampa, Florida 33607
(813) 879-7850
Fax (813) 870-3569

540 Medical Oaks Ave., Suite 101
Brandon, Florida 33511
(813) 681-3558
Fax (813) 643-8301