



[www.FootAndAnkleGDM.com](http://www.FootAndAnkleGDM.com)

FACFAS

Phone # 515-631-9567

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Timothy Holcomb, DPM

550 36<sup>th</sup> AVE SW, STE F

Altoona, IA 50009

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**CONSENT FOR TREATMENT: FOOT AND ANKLE OF GREATER DES MOINES, PC**

Be sure you have your questions answered before you sign this form. Please initial each and sign below.

\_\_\_\_ I have had the opportunity to review the HIPAA agreement.

\_\_\_\_ I have reviewed the physician/patient agreement and understand and agree with its contents.

\_\_\_\_ I have given consent for treatment and today's visit and all visits from this point on until another agreement has been signed or I have terminated this agreement in writing.

\_\_\_\_ I confirm the information that I will/have provide(d) is correct:

- My name
- Street address, city, state
- All phone numbers
- Insurance information
- All other information

\_\_\_\_ I give consent for release of information to insurance

\_\_\_\_ I give consent for release of information to my primary care provider

\_\_\_\_ I agree to my own personal responsibility to inquire about CPT codes from Foot and Ankle of Greater Des Moines, PC and contact my insurance company to receive estimated costs of my visit, before my scheduled appointment

\_\_\_\_ I agree to my own financial responsibility and agree to pay for services provided

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Legal Consent Relationship: \_\_\_\_\_



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### CONSENT FOR TREATMENT

I agree to all nursing care, x-rays, tests, and treatments done by Foot and Ankle of Greater Des Moines P.C physicians and staff.

I agree that photographs may be taken of me and used for my treatment or identification purposes.

If I need more than one visit for my care, my consent is adequate for all visits.

### NONDISCRIMINATION

Foot and Ankle of Greater Des Moines P.C. does not discriminate against any person on the basis of race, color, national, origin, disability, sex, or age, in admission, treatment, or participation in its programs, services, activities, or employment.

### RESULTS OF TREATMENT

I know that care, tests, and treatment may have risks. These risks can be injury or even death. I, or someone responsible for me, understand that no guarantees have been made to me regarding the outcomes of my treatments.

### DRUG AND ALCOHOL TESTS

Drug and alcohol tests may be needed to find a diagnosis and treat me.

### RELEASE OF HEALTH RECORDS FOR PAYMENT

I agree to allow Foot and Ankle of Greater Des Moines P.C. to provide information about my care and treatment to:

- Health insurance companies
- Health plans
- Other health programs that process and pay for the care and treatment given or,
- Other companies that agree to do work for these companies

They need this information to know what payments to make payments to Foot and Ankle of Greater Des Moines P.C. for my care and to find out if Foot and Ankle of Greater Des Moines P.C. is allowed to discount under a United States law, Section 340B of the Public Health Service Act.

This release is acceptable until all bills are paid.

### **DIRECT PAYMENT TO FOOT AND ANKLE OF GREATER DES MOINES P.C.**

For the health care services provided to me, I agree payment can be made directly to Foot and Ankle of Greater Des Moines P.C. This includes all payments to be paid for my health care and charges for the doctor services billed by Foot and Ankle of Greater Des Moines P.C. Payments may come from the following sources but are not limited to:

- Primary and secondary health insurance, accident insurance, disability or loss-of-time insurance, Medicare, Medicaid, and CHAMPUS
- Health plans such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations)
- Worker's compensation or work related disease claims
- Money that I have obtained from a lawsuit or from settling a claim
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### **PERSONAL RESPONSIBILITY FOR CONTACTING INSURANCE FOR COST OF VISIT**

I know that I, or a person responsible for me, must pay the rest of the money that is not paid from insurance companies or other sources. I agree that I am responsible for knowing the details of my current active health plan and I am responsible for knowing my estimated costs for my visit upfront, based on the codes provided by Foot and Ankle of Greater Des Moines, PC. These codes will be available to me *by my request* at any time before or after my visit. The codes provided before my visit are a *projection* based on the information that I have provided Foot and Ankle of Greater Des Moines, PC upfront and are subject to change the day of the visit based on my medical needs. More accurate codes can be provided after my visit that same day. I am responsible, as the patient for contacting my insurance plan with these codes before and after the visit to get an accurate estimate of my bill based on my individual health insurance plan.

I understand that I have the right to refuse, either verbally or in writing, any portion of my medical treatment that is recommended *before* it is provided but not after, based on this agreement.

I understand that cash prices are available for me if I choose not to have my insurance billed for the visit. These are available upon my request at the time of my visit and before my visit based on a projection as above.

I understand that if I fail to pay for services provided, Foot and Ankle of Greater Des Moines, PC will exercise the right to release my information to a collection agency for remittance of payment on services provided.

### **INSURANCE, HEALTH PLAN OR PROGRAM RULES**

I know that I need to follow all the rules of any insurance company or program that pays for my medical bills.

Rules can be these or others:

- Getting a second opinion from another doctor

- Calling the insurance company before having tests or treatments

If I do not follow the rules of the insurance company or program, they may not pay for my health care. I agree that I must pay for all bills not paid by the insurance company or program.

#### **AGREEMENT TO FILE AN APPEAL ON MY BEHALF**

I know the level of care or medical need for services decided by my doctor may differ from that of my insurance company. My insurance company may deny payment for part of my bill.

To help me if this happens, I agree Foot and Ankle of Greater Des Moines P.C. can act for me to file a grievance or appeal the payment denial by my insurance company.

I agree to notify Foot and Ankle of Greater Des Moines P.C. of the results of the grievance or appeal.

#### **PAY AGREEMENT**

- I agree to pay Foot and Ankle of Greater Des Moines P.C. on time.
- I know that I must pay the full amount for any and all bills that my insurance or program does not pay for.
- If I do not pay my hospital bill on time, I agree to pay other fair costs Foot and Ankle of Greater Des Moines P.C. may incur like collection bills, legal fees, and other costs.
- I know that if I cannot pay my bill, I can ask Foot and Ankle of Greater Des Moines P.C. about a plan for helping patients who cannot pay their bills.

By giving my home or cell phone numbers, I agree that:

- I may be called or texted at those numbers, or any phone number that I give, about any accounts or services.
- I may be called by hospital staff or collection agents who may leave live or recorded messages. The calls or text messages may also come from an automatic dialer.
- I will receive health care treatment even if I do not give any phone numbers.

#### **PHYSICIAN AND HEALTH CARE TRAINING**

I understand that Foot and Ankle of Greater Des Moines P.C. may be a teaching clinic. This means there are doctors, nurses, and others who are in training at this location. As part of their training, they may help with my care, tests, and treatment.

#### **PERSONAL PROPERTY**

- I understand my personal property may not be secure in my room or other care areas
- I understand valuable items should be left at home or I should send them home.

#### **CLINIC RULES**

As courtesy towards others, especially those who are immunocompromised, I agree to wearing a mask if feeling ill or have been directly exposed to someone who is ill. Disposable masks are provided upon request.

Foot and Ankle of Greater Des Moines, PC agrees to adhere to HIPAA policy that follows.