

North Bay Foot & Ankle Center, Inc.

1400 Professional Drive, Suite 102
Petaluma, CA 94954
Phone: 707-769-8481
Fax: 707-796-0751

I understand and agree that regardless of my insurance status I am ultimately responsible for the balance of my account for any professional service rendered. I acknowledge that my insurance is being billed as a courtesy to me.

I have read and understood the information provided in the new patient packet and have completed all the questions and information requested. I certify this information is true and correct to my best knowledge. I agree to notify North Bay Foot & Ankle Center of any change in the information given.

I understand that if I have an HMO insurance it is my responsibility as the patient to obtain as referral from the primary care physician (PCP). If the referral is not obtained prior to the appointment, I understand I would be responsibility for payment of charges in full.

Thank you for your continued support for our practice.

Signature

Date

Signature of Parent (If minor)

Date