

FINANCIAL POLICY

We are pleased that you have chosen Dr. Edward Orman as your podiatric care provider. We are committed to your treatment being successful and we are certain that you will be happy with the care provided. The following is a statement of our Financial Policy; which we ask you to read and sign.

All patients must complete our Patient Information Record before being examined by the doctor.

REGARDING INSURANCE

We will submit claims to your insurance company on your behalf. We do require that all Deductibles, Co-Pays and Services Not Covered by your insurance be paid at the time of service. This may include post-operative supplies and medications considered "Over the Counter" items. It is the patient's responsibility to know and be aware of his/her insurance plan coverage.

After billing your insurance, what is considered patient liability is your responsibility to pay in a timely manner. In the event, that you fail to make payment; your account will be turned over to our attorney for collection and it will be your responsibility for all cost of collections; which include but are not necessarily limited to attorney's fees of 33 1/3% on all unpaid balances, court filing fees and private process server fees. These fees are in addition to the balance owed to Dr. Edward S. Orman. Also, all returned checks are subject to a \$25.00 "Returned Check Fee".

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns.

AGREEMENT

I hereby agree to waive the defense of statute of limitations as it pertains to any claim filed against me beyond three years after services rendered.

By signing below, my signature is on file and I acknowledge that I read and understood this Financial Policy and acknowledge the terms and conditions stated herein.

I hereby give permission to Dr. Orman to examine and treat my feet and ankles as needed. I understand and acknowledge this statement.

Patient's Name (Please Print)

Signature of the patient or responsible party

Date