

# MOKENA FOOT & ANKLE CLINIC S.C.

Please read the following carefully to make sure that the box checked accurately describes your situation today.

- I do not have the proper Workman's Compensation approval/ information for today's visit. I do understand that it is my responsibility to get the requested Workman's Compensation information and bring it/or fax it to the office. I understand that if the requested Workman's Compensation information is not received, the personal insurance information that is on file will be used for billing. If there is no personal insurance, I will be fully responsible for all charges. I have chosen to keep my appointment knowing the above.
- I do understand that even though this is a Workman's Compensation visit (having proper authorization), I do not have a personal insurance that is accepted by the physician. I understand that I will be responsible for the charge today, if Workman's Compensation denies the claim. I have chosen to keep my appointment knowing the above.
- I understand that the secondary insurance I have is not accepted by the doctor that I am scheduled with today. I understand that I will be responsible for any /all amounts that are not paid by the primary insurance. I have chosen to keep my appointment knowing the above.
- I understand that this item is not covered by my insurance. I understand I am responsible for the charge.
- I do not have a valid referral for today's visit. I understand that it is my responsibility to contact the primary care physician's office to have a valid referral for today's visit faxed to this office. I understand that without a valid referral, I will be responsible for the amount of the visit. I have chosen to keep my appointment knowing the above.
- I do not have my insurance card available with me today. I understand that I am to get a front/back copy of a valid insurance card (accepted by the physician) to the office within 48 hours. I understand that if my insurance is not accepted by the physician, I am responsible for the full amount of the visit. I have chosen to keep my appointment knowing the above.
- I do not have the proper automobile insurance approval/information for today's visit. I understand that it is my responsibility to get the requested automobile information and bring/fax it to the office. I understand that if the requested automobile information is not received, the personal insurance information that is on file will be used for billing. If there is no personal insurance, I will be fully responsible for all charges. I have chosen to keep my appointment knowing the above.
- I do not have any type of valid insurance coverage. I understand that I will be responsible for the full amount of the visit. I understand that the payment that was made today will go towards the visit. I understand that I will set a budget plan for the balance of the visit before I leave today.

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's name

\_\_\_\_\_  
Relationship to Patient