

Medicare Patients Please Read and Sign Below

Medicare Non-Payment Agreement

Patient Name _____ Date _____

Medicare will only pay for services that it determines to be “reasonable and necessary” under section 1862(a) (1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is “not reasonable and necessary” under Medicare program standards, Medicare may deny that service. I believe that in your case, Medicare may deny payment for this service.

Medicare does not pay for the trimming of corns, calluses, and toenails that are not infected.

I have been notified by my physician that he believes that, in my case that Medicare may deny reimbursement for the services rendered to me, for the reason stated above.

Signature _____
(Responsible Party)

Extended Payment Request (Signature on-file Statement to be used with agreement for one-time authorization)

Patient's Name (Please Print) _____

Patient's Medicare Number _____

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Foothills Podiatry, PLLC for any services furnished me by that provider(s). I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Signature _____

Secondary Insurance (Signature on-file statement)

Insurance Company _____ ID Number _____

I request that payment of authorized secondary insurance benefits be made either to me or on my behalf to Foothills Podiatry, PLLC for any services furnished me by that provider(s). I authorize any holder of medical information about me to release to the above named insurance company any information needed to determine these benefits or the benefits payable for related services.

Signature _____