

Ankle & Foot Center

Medical and Surgical Care of the Foot & Ankle

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www.ankle-footcenternh.com

Howard J. Bonenberger, DPM, PLLC

Insurance and Authorization to Pay Benefits:

If you carry insurance, your insurance company provides coverage for medically necessary services for its members. You are responsible for providing our office with valid insurance. Your insurance company will not pay for services if you have provided incorrect, outdated or invalid insurance information to our office. Your signature below indicates you agree to assume all financial responsibility for any and all services that are not covered by your insurance company, which may include deductibles that have not been met, non-covered services or if your maximum benefits have been exceeded.

Your signature below authorizes payment of medical benefits from your insurance carrier to Dr. Howard J. Bonenberger, DPM, PLLC for services rendered to you by this office.

Referrals

If your insurance carrier requires a referral from your primary care physician, you, the patient, are responsible for obtaining that referral. Your insurance company will not cover any services without a valid referral. If we do not have your referral on the day you are here for your appointment, we will hold the charges for a maximum of five (5) business days. Your signature below indicates that you agree to assume all financial responsibility for any and all services, if a valid referral from the correct primary care physician is not received by our office.

Information release:

I authorize Dr. Bonenberger's office to release any information acquired in the course of taking the medical history, the medical examination or treatment, to my primary care doctor's office and to my insurance company for claim filing.

The above is to remain in force until rescinded in writing by the undersigned:

Signature: _____

Printed name: _____ Date: _____

Please complete the section below only if you ARE NOT the primary subscriber to your insurance. Thank you!

<u>Insurance</u>	<u>Primary</u>	<u>Secondary</u>
Subscriber name:	_____	_____
Subscriber birthdate:	_____	_____
Subscriber employer:	_____	_____
Subscriber SS #:	_____	_____