WELCOME

LMD PODIATRY

DR. LAUREN DABAKAROFF
4601 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328
954-680-7133

OUR OFFICE FINANCIAL POLICY:

I fully understand that I am directly responsible to LMD Podiatry for all medical bills submitted by them for services rendered to me. This agreement is made solely for said doctor's additional protection. I fully understand that such payment is not contingent on any settlement, judgment, or insurance payment by which I may eventually recover said fee.

If you want us to file a claim with your insurance company for your visit, you must:

1. **Have met your regular medical deductible or (in some cases) your surgical deductible**
2. **Furnish us with all necessary insurance information, and/or forms that may be required to be submitted to your insurance company**
3. **All office co-payments are to be paid at the time services are rendered**

You will be responsible for all co-payments, percentages, and denied charges after your claim is filed. IF PAYMENT IS NOT RECEIVED FROM YOUR INSURANCE COMPANY WITHIN 2 MONTHS FROM OUR FILING YOU WILL BE RESPONSIBLE FOR THE TOTAL BILL. Our office files strictly as a courtesy for our patients. We are not responsible if payment is not received. There are no exceptions.

Medicare Patients: We will file and accept assignment on Medicare claims, however, this is not considered payment in full. All Medicare deductibles and/or co-payments are the responsibility of the patient. We will file any secondary insurance as a courtesy if you provide us with the necessary information.

I am responsible for any legal, collection fees, or service charges incurred on my account.

Patient's Signature _____

DATE: _____