



"Center For Quality Foot & Ankle Care"

PAUL COLON, D.P.M. • PRAYA MAM, D.P.M. • JEFFREY FLASH, D.P.M. • RODNEY GASDON, D.P.M. • MARIELI COLON, D.P.M. • LOREN COLON, D.P.M.

AUTHORIZATION OF PAYMENT

PATIENT: _____ DATE _____

AUTHORIZATION OF PAYMENT: I hereby authorize and request that payment be made directly to **American Foot & Leg Specialists, PC**, for Major Medical or Surgical Services rendered at American Foot & Leg Specialists, PC.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the release of any medical or other information necessary to process medical claims. I also request payment of Government benefits to the party who accepts assignment below.

Signature of patient or authorized person

I, the undersigned, do hereby acknowledge that I am aware that the attending physician deems the medical services that I receive as "medically necessary". Some over the counter supplies are **NOT COVERED** under most medical plans. Insurance coverage is not a guarantee of payment.

I understand and agree that I will be responsible for any balances not covered by my insurance plan.

Any NSF / returned checks will be assessed a \$35.00 fee.

In The Event of Default:

If your account becomes thirty (30) days past due, 1.5% per month (18% per year) interest will accrue. If you do not pay off your account it will be placed with a law firm for collection action. You will then be liable for the principal, interest and attorney's fees of fifteen (15) percent and all costs of collections.

I have read, understand and agree to the office policies stated above.

Signature of patient of authorized person

425 FOREST PARKWAY, • FOREST PARK, GEORGIA 30297 • (404) 363-9944 • FAX: (404) 363-9951

1109 EAGLES LANDING PARKWAY
STOCKBRIDGE, GEORGIA 30281
(770) 389-9004

320 N. GLYNN STREET
FAYETTEVILLE, GEORGIA 30214
(770) 460-0600

4855 BILL GARDNER PARKWAY
LOCUST GROVE, GEORGIA 30248
(678) 432-7060

2558 SHALLOWFORD ROAD
ATLANTA, GEORGIA 30345
(404) 329-4200