



We have offices in Arlington,
Weatherford, Mineral Wells,
and Farmers Branch
Ph: 817-704-4223 F: 817-984-3970

(Please circle which is the preferred office for the patient)

1108 West Pioneer Pkwy Suite 200 Arlington, TX 76013	912 Foster Lane Suite 100 Weatherford, TX 76087	2517 Hwy 180 West Suite B Mineral Wells, TX 76067	8 Medical Parkway Suite 202 Farmers Branch, TX 75234
--	---	---	--

NOTIFICATION OF LIABILITY OR FINANCIAL RESPONSIBILITY

Patient Name:

Patient DOB:

Today's Date:

I Authorize the Treatment for Myself or the above individual. I authorize the Physician and Podiatry Associates of Texas to release any information required to process my insurance claims. I understand that my medical record may contain information regarding HIV/AIDS, substance abuse, mental health, sexually transmitted diseases, sickle cell anemia, or other sensitive information. I also Authorize my insurance to directly pay Podiatry Associates of Texas. This agreement may be legally binding.

I Understand that regardless of Insurance Coverage or Lack of, I am Ultimately responsible for all fees for services rendered to Myself or said Patient. I agree to Pay all bills within 30 days of receipt of Statement, unless other arrangements are made. I understand that payment is due and payable to Podiatry Associates of Texas at the office of Arlington, Texas.

I Understand if I am to "No Show" a scheduled in office appointment more than once, without making an effort to contact the office I am liable to pay a \$25 fee.

By my signature below, I acknowledge my Financial responsibility To Podiatry Associates of Texas.

Signature of Patient *OR* Legal Representative and Relation to Patient



We have offices in Arlington,
Weatherford, Mineral Wells,
and Farmers Branch
Ph: 817-704-4223 F: 817-984-3970

(Please circle which is the preferred office for the patient)

1108 West Pioneer Pkwy Suite 200 Arlington, TX 76013	912 Foster Lane Suite 100 Weatherford, TX 76087	2517 Hwy 180 West Suite B Mineral Wells, TX 76067	8 Medical Parkway Suite 202 Farmers Branch, TX 75234
--	---	---	--

No Show Fee Policy

We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointment with us, and arrive on time.

As a courtesy, and to help patients remember their scheduled appointments, Podiatry Associates of Texas sends text messages, email reminders, and/or phone call reminders 2 days in advance of the appointment time.

If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate those patients who are waiting for an appointment. As a courtesy to our office as well as to those patients who are waiting to schedule with the physician, please give us at least 24 hours notice. If you do not cancel or reschedule your appointment with at least 24 hours notice, we may assess a \$25 "no-show" service charge to your account. This "no-show charge" is not reimbursable by your insurance company. You will be billed directly for it.

By signing, I understand and agree to the terms of the above policy.

Patient Name _____ Date _____

Patient Signature _____ Date _____

Legal Guardian _____ Relationship _____

Signature _____ Date _____



Podiatry
 ASSOCIATES OF TEXAS
 Foot And Ankle Specialists

1108 W Pioneer Pkwy
 Suite 200
 Arlington, TX 76013
 Ph: 817-704-4223 F: 817-984-3970
 salanodpm@gmail.com

CASH LIST

- 00001 o New Patient- \$150
- 00002 o Follow Up Visit- \$120
- 00003 o X-Rays- \$55
- 00004 o Ingrown/Nail removal Perm- \$350
- 00005 o Ingrown/ Nail removal Perm Additional- \$175
- 00006 o Ingrown/ Nail removal Reg- \$280
- 00007 o Ingrown/ Nail removal Reg Additional- \$140
- 00008 o Injections- \$80
- 00009 o Nail Trimming- \$55
- 00010 o Laser 10 toes- \$495
- 00011 o Laser 2 toes- \$295
- 00029 o Laser addition 1 time treatment - \$100
- 00012 o Laser Pain (pack of 6)- \$300
- 00013 o Laser Pain (pack of 8)- \$350
- 00014 o Tolcylen (Cream or Solution) - \$60
- 00015 o Tolcylen Kit- \$110
- 00016 o Inserts- \$50
- 00017 o Kera 42- \$50
- 00018 o Cam Boot- \$60
- 00019 o ASO Brace-\$35
- 00020 o Post Op Shoe- \$25
- 00021 o Night Splint- \$30
- 00022 o Custom Orthotics- \$400
- 00023 o DB shoes- \$180
- 00024 o Arizona/Riches/AFO- \$1000
- 00025 o CBD gel- \$65
- 00026 o Custom Richies Airo Spring- \$1500
- 00027 o OTC Richies- \$700
- 00028 o Wound Care or Warts- \$150
- 00030 o FMLA Paperwork- \$25
- 00031 o PRP Injection (One) - \$600
- 00032 o PRP Injection (Three)- \$1500
- 00033 o Leneva (fat pad) Injection - starting at \$750

Date: _____
 Copay: _____
 Pt ID# _____
 CC# _____

- 00034 o Hammer Toe Crest - \$10
- 00035 o Toe Wraps- \$10
- 00036 o Azolen wash- \$30
- 00037 o Small Bunion Kit- \$15
- 00038 o Full Bunion Kit- \$20
- 00039 o Shockwave Therapy- \$100
- 00040 o Shockwave Therapy (five)- \$450
- 00041 o Shockwave (five) and PRP package- \$900
- 00042 o Tolcylen Keratolytic- \$55
- 00043 o Laser 5 treatments (10 toes) - \$995
- 00044 o Laser 5 treatments (2 toes) - \$595
- 00045 o Shockwave (3)/Laser combo (3)- \$450

Total Charge: _____ Doctor: _____

Total Collected: _____ Front Desk Personnel: _____

Following Appointment: _____

Rx being sent

Any Additional Notes: _____