Podiatry
ASSOCIATES OF TEXAS
Foot And Ankle Specialists

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

Podiatry
ASSOCIATES OF TEXAS
Foot And Ankle Specialists

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

General Consent for Treatment

I request and authorize medical care as my podiatrist, his assistant or designees (collectively called "the podiatrist") may deem necessary or advisable. This care may include, but is not limited to, routine diagnostics, radiology and laboratory procedures, administration of routine drugs, biological and other therapeutics, and routine medical and nursing care. I authorize my podiatrist to perform other additional or extended services in emergency situations if it may be necessary or advisable to preserve my life or health. I understand that my (the patient) treatment is directed by my podiatrist(s)and that other personnel render care and services to me (the patient) according to the podiatrist's instructions. I understand that my provider may use technology such as AI dictation devices to record notes during my visit.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees or promises have been made to me with respect to results of such diagnostic procedure or treatment.

I understand that samples of body fluid and /or tissues may be withdrawn from me (the patient) during routine diagnostic procedures. I authorize podiatry Associates of Texas to dispose of the body fluids.

I have read or had read to me and fully understand this consent; I have had the opportunity to ask questions and had these questions addressed.

_____ _____ _____

Name Signature Date

___Consent of legal guardian, patient advocate or nearest relative if patient is unable to sign.

___Consent of caregiver if patient is unable to sign.

Name of legal Guardian, patient advocate, or nearest relative _____

Relationship _____ Telephone _____

Address_____

Signature of legal representative _____ Date_____

Podiatry
ASSOCIATES OF TEXAS
Foot And Ankle Specialists

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

Medical Records Request

Patient Name _____ D.O.B. _____

I, _____, hereby authorize my medical records and any other items requested by Podiatry Associates of Texas for the continuation of care to be released to Podiatry Associates of Texas.

_____ _____
Patient Signature Date

If there are any questions, please contact Podiatry Associates of Texas.

Podiatry
ASSOCIATES OF TEXAS
Foot And Ankle Specialists

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

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

CASH LIST

- New Patient- $125
- Follow Up Visit- $95
- Azolen wash- $30
- X-Rays- $55
- Ingrown/Nail removal Perm- $300
- Ingrown/ Nail removal Perm Additional- $150
- Ingrown/ Nail removal Reg- $240
- Ingrown/ Nail removal Reg Additional- $120
- Injections- $80
- Nail Trimming- $55
- Wound Care or Warts- $135
- Laser 10 toes- $495
- Laser 2 toes- $295
- Laser addition 1 time treatment - $100
- Laser Pain (pack of 6)- $300
- Laser Pain (pack of 8)- $350
- Tolcylen (Cream or Solution) - $50
- Tolcylen Kit- $100
- Inserts- $50
- Kera 42- $50
- Cam Boot- $60
- ASO Brace-$35
- Post Op Shoe- $25
- Night Splint- $30
- Custom Orthotics- $400
- DB shoes- $180
- Arizona/Riches/AFO- $1000
- CBD gel- $65
- Custom Richies Airo Spring- $1500
- OTC Richies- $700
- FMLA Paperwork- $25
- PRP Injection (One) - $750
- PRP Injection (Three)- $1800
- Leneva (fat pad) Injection - starting at $750

Total Charge:_____ Doctor:_____

Total Collected:_____ Front Desk Personnel: _____

Following Appointment: _____

☐ Rx being sent

Any Additional Notes: _____

_____