

In consideration of the treatment of Applicant as a patient of the above mentioned, the persons signing this form below ("Undersigned") agree as follows:

1. AUTHORIZATION FOR MEDICAL TREATMENT: The Undersigned hereby authorizes the physician assigned as provided by law to furnish medical treatment or to administer whatever anesthetics as he considers necessary and proper in the treatment of patient for the purpose of correcting his physical condition.

2. RELEASE OF INFORMATION: The Undersigned hereby consent that information contained in Patient's financial and medical records and (when specifically requested) copies of any pertinent medical record information may be given to relevant: Dr. Cortese Foot and Ankle Clinic owned and/or affiliated facilities, or insurance companies or other third party payors. The Undersigned also recognize that Patient's medical records may also contain medical information concerning mental health, developmental disability, alcohol abuse, drug abuse, and/or AIDS and HIV test results and information. This Release of Information section of this Agreement may be revoked at any time except to the extent Dr. Cortese Foot and Ankle Clinic has already taken action on its reliance on this release. This consent is valid for five years from the date the Patient is discharged. The Undersigned further consent that Dr. Cortese Foot and Ankle Clinic may access and retrieve credit information regarding the Patient and the Undersigned from any licensed credit bureau.

3. ASSIGNMENT OF BENEFITS: The Undersigned hereby irrevocably assign to Dr. Cortese Foot and Ankle Clinic any and all rights which they have against any insurance company or other third party payor for payment of the Patient's bill to Dr. Cortese Foot and Ankle Clinic. The Undersigned authorize the application of any overpayment to any unpaid bill at the Dr. Cortese Foot and Ankle Clinic for which the Patient is responsible that has not been paid in full at the time of the overpayment.

4. PAYMENT: To the extent not paid by the Patient's insurer or other third party payor(s) within 30 days from the date of first billing, the Undersigned promise to pay upon demand, unless other arrangements are approved in writing by Dr. Cortese Foot and Ankle Clinic, the full outstanding balance for Dr. Cortese Foot and Ankle Clinic's actual charges for goods and services provided to the Patient at the rates set forth in the Dr. Cortese Foot and Ankle Clinic Charge Master ("Price List") as in effect at the time of admission or scheduled at the time of admission to go into effect during Patient's anticipated stay, which is hereby incorporated by reference and made a part of this Agreement. The Undersigned acknowledge that they have been given the opportunity to review the Price List and have reviewed the Price List or expressly declined to do so. If the Dr. Cortese Foot and Ankle Clinic has agreed to accept payment for services provided to the Patient under a different contract such as, but not limited to, Medicare, Medicaid, or a preferred provider agreement, the foregoing provisions shall not apply, and the Undersigned shall pay the amounts which are the responsibility of the Patient under such separate contract.

5. GOODS AND SERVICES: The Undersigned acknowledge that the Patient will receive goods and services from the Dr. Cortese Foot and Ankle Clinic during the visit as ordered by the Patient or the Patient's attending physician or other treating physician as agent for the Patient. Payments for all such goods and services shall be made as provided above.

6. MISCELLANEOUS: If the Undersigned is not the Applicant, the Undersigned represent and warrants that they have full legal authority to sign this Agreement on behalf of the Applicant. All individuals signing this Agreement as the Undersigned shall have joint and several liability for all amounts due hereunder, the Dr. Cortese Foot and Ankle Clinic may at any time thereafter, without notice or demand, declare the entire unpaid balance of the account to be immediately due and payable. The Undersigned promise to pay all costs of collection, including reasonable attorney's fees, costs, and court costs, which are incurred by the Dr. Cortese Foot and Ankle Clinic in enforcing payment after default. This agreement and the obligations, consents, and information releases contained herein shall be binding upon the Patient's heirs, executors, and administrators.

NOTICE TO UNDERSIGNED

1. Do not sign this Agreement before you read it.
2. The Undersigned hereby acknowledges receipt of a copy of this Agreement.
3. Independent groups of physicians; i.e., anesthesiologist, radiologists, and pathologists have entered into agreements with Dr. Cortese Foot and Ankle Clinic for provision of specialized services. The physicians in these groups are not employed nor agents of the Dr. Cortese Foot and Ankle Clinic. Additionally, consulting physicians who see you during your visit are not employees or agents of Dr. Cortese Foot and Ankle Clinic.
4. All terms of this agreement are valid for five years from date of signature.

Dated: _____, 20_____

Signature: _____