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**Foot & Ankle Specialty Clinic**

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**LIFETIME TREATMENT CONSENT, PRESCRIPTION AND FINANCIAL POLICY AGREEMENT**

**PLEASE READ THIS CAREFULLY BEFORE SIGNING**

**This is an agreement between the patient and/or responsible party with Foot & Ankle Specialty Clinic . By signing this agreement, the patient or responsible party consents to treatment of my foot and/or ankle condition with any provider at this clinic.**

I understand the physician will use their best skill and judgement to accomplish the desired result, but that my physical condition does not warrant or guarantee such result. Also, that the physician forecasts the length of time involved with my condition and the usual and average response in any case similar to mine, but that is not a promise, since my results and response may be different than usual.

On my part, I promise full cooperation with the physician whether by surgical or non-surgical means, I understand that if I do not follow the physician's instructions, concerning my care and treatment, including any necessary physical therapy the outcome of my care and treatment could be put in jeopardy and an unfavorable result may occur.

I hereby give permission to the physician to photograph, administer treatment, and perform such procedures as may be necessary in the diagnosis and/or treatment of my foot and/or ankle condition.

**Prescription Agreement**

Prescription medication policy is as follows:

1. If you are in need of pain medication, you must be seen in our clinic by one of our doctors. No exceptions will be made. Please plan ahead if you are going to be unable to be seen in the clinic.
2. Any other medication refill request must be made through your pharmacy for you. They will send us the appropriate information.
3. Prescription refills can take 24-48 hours to process, so plan accordingly.
4. I give the doctor permission to contact my pharmacy and get history of my prescriptions.

**Lifetime Consent and Financial Policy Agreement**

I understand that:

- Co-payment or payment is due at the time of service.
- Payment on account is expected upon receipt of Explanation of Benefits from my insurance company.
- **Foot & Ankle Specialty Clinic bills as a courtesy** - payment is expected when I receive confirmation of insurance payment.
- Not all services, fees, or retail items will be covered by my insurance plans, and will be the responsibility of the patient or responsible party.
- The patient or responsible party is responsible for following the claims until they get paid.
- The patient or responsible party is responsible for any account balance remaining on the account and I agree to pay said balance.
- Payments cannot and will not be delayed or excused for any reason, including outcome of medical treatment, liens, lawsuits, coverage determination, or delay of processing claims.
- Any balance left owing after 60 days will be subject to a \$25 a month charge.
- The patient or responsible party is responsible for a \$25 fee for any appointment that is made and not kept.
- If the patient is more than 15 minutes late, the patient may be asked to reschedule their appointment.
- If a balance remains for over 90 days, **Foot & Ankle Specialty Clinic** reserves the right to file an account with collections.
- The patient or responsible party will be liable for all collection fees added by the collection company.
- If there is a credit on the account, it is your responsibility to request reimbursement within 60 days or forfeit that money.

**I have been given the opportunity to review the Privacy Policy of Foot & Ankle Specialty Clinic, the Prescription Agreement, and the Lifetime Consent and Financial Policy Agreement, and agree to adhere to these agreements.**

Patient/Responsible Party \_\_\_\_\_

Date \_\_\_\_\_ Oct 2020