

**THE SANTA MONICA PODIATRY GROUP INC.**

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## Office Financial Agreement

Dear Patient,

With all the recent changes in insurance policies and plans this year, we have found a lot of misinformation and disinformation from the insurance companies regarding plans and overages. We have discovered that even though we have been a participating provider there are now plans from the same insurance companies which do not consider us a provider. We have visited websites of the insurance companies and cannot get consistent information about coverage and benefits. Even the "covered California" website has been shut down for errors, several times over the past year.

In addition, standard insurance industry policies make a disclaimer that any benefit quoted over the phone or website is not a guarantee that services provided are covered, and each individuals coverage benefits are determined at the time of processing the claim.

Therefore, even though we do our best to collect information from your insurance company regarding your benefits, we cannot be certain of covered services by your insurance policy. Ultimately, each patient is responsible for their bill for medical services provided.

We will send a claim to your insurance company for all the services provided by our office. You will be responsible for the deductibles, copays and any balance not paid by your insurance company.

Please sign below to acknowledge receipt of this information and agreement.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_