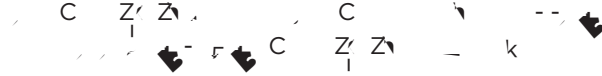




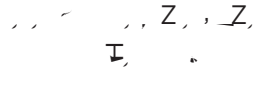
PODIATRY · SURGERY · AESTHETICS

Bradley Schaefer D.P.M. | Edwin W. Wolf D.P.M. | Gabrielle Laurenti, DPM



**WE ARE VERY PLEASSED TO HAVE YOU WITH US!**

Please answer the following questions to help us become acquainted.



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**FI A CIAL AGREEME T / GUARA TEE OF PAYME T**

**(Please Initial)** \_\_\_\_\_

In consideration of services, assignment of benefits and care rendered; I agree that I am responsible for any and all charges billed by Central Park SOLE providers with respect to such services and care unless the contract between the providers and my insurance company provides otherwise. In the event that the requested services are not specifically authorized by my insurance company, I agree to pay for all agreed upon services , unless otherwise provided by law.

I authorize payment of medical benefits to which I am entitled directly to the providers, to cover the cost of the care and treatment rendered to myself or my dependents in the office. Upon receipt of a medical bill, I agree to pay all amounts not covered by insurance within 30days of balance notice. If any insurance rejects my claim or pays part of the claim, I shall be responsible for payment of any balance as determined by Central Park SOLE providers immediately upon learning of such coverage, unless otherwise provided by law.

**RELEASE OF I FORMATIO**

**(Please Initial)** \_\_\_\_\_

In the event my issuer denies payment to the providers for services rendered to me, I hereby give my consent to have an authorized representative of the provider's office to contact my insurer to provide to my insurer all information and documentation regarding the services rendered to me by the providers which may be required in order for my insurer to reevaluate its decision to deny payment for such services. A complete HIPAA Notice of Privacy Practices is available upon request.

I authorize this practice/my treating providers, and their authorized representatives to use and disclose my health information for all necessary treatment, payment and health care operations purposes. I acknowledge that my health information may include information relating to mental illness and/or AIDS/ARC/HIV and that any such information may be disclosed (including examination and copying in either hard copy or digital format) to insurers, various credit agencies and guarantors if needed for payment of the professional charges (no clinical information will be disclosed to any credit agency).

**I SURA CE OTICE TO "OUT-OF ETWORK"**

**(Please Initial)** \_\_\_\_\_

I understand that the providers may/may not participate in the same health plans and networks as the hospitals and facilities in the Mount Sinai/Care Point Health System even though the providers may be employed by or affiliated with hospitals or facilities. I understand that I can determine the participation of the providers who are employed or contracted by Central Park SOLE services by visiting my healthplan's website or by contacting a member service representative who is employed by my insurance company; I also understand that it is my responsibility to check with the "provider" arranging for my services regarding in-office, tele-medicine and surgical procedures.

Dr. Bradley Schaeffer, DPM will be considered "out-of-network" for all services rendered both in-office and in hospital setting. Under this acknowledgement, I understand that my insurance carrier may pay for services rendered at a lower rate compared to those considered as "in-network." I agree to pay the anticipated total charges today, and on each day of service thereafter. I will assume the responsibility to respond to any financial correspondence furnished by Central Park SOLE.

We will assist you in any way we reasonably can to help get your claims paid. The patient receiving services is required to submit the medical claim as well as certain information directly to the insurance company and i responsible to comply with this request. The patient is also responsible for the balance of your account, regardless of whether or not your insurance company pays your claim. The insurance plan is a contract between the patient and the insurance company, and we are not a party to that contract. For that reason, it is the patient's responsibility to follow up with your insurance company to ensure the proper processing of your claim. This may include but is not limited to; reprocessing of original claims, corrections of your claim, escalations of your claim to address inadequate reimbursements, grievances and appeals.

**Photo/Video Waiver Release**

**(Please Initial)** Granted \_\_\_\_\_ Denied \_\_\_\_\_

I consent to release ownership of photo/videos related to my treatment/service in perpetuity. I waive the right to compensation or royalties also to disapprove or approve the final content created.The party granting consent acknowledges other contracts will not be breached, by participating in the current agreement.The acknowledgement that the Party granting consent releases any applicable business entity or school from liability and all claims.The party grants rights & consent to Central Park SOLE which may produce, reproduce, edit, print, trade or share content (videos, moving photographs, illustrations, advertising, images, sound, and statements/comments) as desired.



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