

**NORTHWEST FOOT AND ANKLE CENTER, PS
MARK T LEWIS, DPM PETRINA C LEWIS, DPM
4300 TALBOT ROAD SOUTH SUITE 102
RENTON, WA 98055**

PATIENT RESPONSIBILITY

To whom it may concern:

Billing: It is the policy of our office that all charges, regardless of insurance coverage, are ultimately the responsibility of the patient. Please understand that if for any reason, payment is denied by your listed insurance company, we will seek compensation from the individual patient.

Co-payments: Your co-payment is due at the time you check in for your appointment. If you do not have your co-payment, and it is a non-emergent appointment, your appointment will be rescheduled.

Medication Refills: Prescriptions *will not* be refilled after 4:00pm or on weekends or holidays. Except for emergency cases. We require 24 hour notice for all medications so *please call your pharmacy 24 hours* in advance to have a refill request faxed to our office for approval.

Insurance: It is the responsibility of the patient to secure the appropriate referrals prior to your scheduled appointment as well as to understand the policy and possible restrictions of their individual plan. As a courtesy to our patients, we will check eligibility and benefits prior to your appointment for any major medical expenses.

Patient or Legal Guardian Signature

Witness (staff member)

Date