 1428 W Hebron Pkwy #130

 Lawler Foot and Ankle Carrollton, TX 75010

 Kelly Lawler, DPM (972)325-1955

 Fax (972)805-4541

 www.Lawlerfoot.com

**LEGAL ASSIGNMENT OF BENEFITS AND RELEASE OF RELEASE OF MEDICAL AND PLAN DOCUMENTS**

I hereby authorize direct payment of my insurance benefits to KRL Foot & Ankle PC DBA (doing business as) Lawler Foot and Ankle or Kelly Lawler, DPM, if any, otherwise payable to me for services rendered to me or to my dependents. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize the doctor to release all medical information necessary to process this claim. I hereby authorize any plan administrator or fiduciary, insurer and my attorney to release to such doctor and clinic any and all plan documents, insurance policy and/or settlement information upon written request from such doctor and clinic in order to claim such medical benefits, reimbursement or any applicable remedies. I authorize the use of this signature on all my insurance and/or employee health benefits claim submissions.

**MEDICARE/MEDICAID**

I certify that information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare/Other Insurance company benefits to be made on my or my dependent’s behalf for any services furnished to me or my dependents to Kelly Lawler, DPM or KRL Foot & Ankle PC DBA Lawler Foot and Ankle. Regulations pertaining to Medicare assignment of benefits apply. I authorize any holder of medical or other information about me or my dependents to release to the Social Security Administration and Health Care Financing Administration or it intermediaries or carriers any information needed for this or related Medicare Claim/other Insurance Company Claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to the party who accepts assignment.

**PATIENT PRE-CERTIFICATION RESPONSIBILITY**

I understand that I am responsible for notifying my insurance company to obtain authorization before service is provided if required by my insurance. I understand that if I do not pre-certify my treatment or obtain a referral prior to the first and all subsequent visits as required by my insurance, I may cause a reduction or loss of paid benefits to Lawler Foot and Ankle. I will be liable for that loss or reduction in paid benefits.

**CONSENT TO TREATMENT**

I present for treatment and consent to my physician and whomever they may designate as their assistant, associate, treating physician and patient care staff to provide my care. Such care may include, but not limited to diagnostic procedures, x-rays, injections, education, and other treatments and procedures considered advisable in the diagnosis and treatment of my condition. I realize the practice of medicine and surgery is not an exact science. I acknowledge that no guarantee can be made or has been made as to the results of treatments or examination.

**NOTICES OF PRIVACY PRACTICES**

Lawler Foot and Ankle is committed to protecting your medical information. How we may use and disclose medical information and your rights regarding your medical information is published in our Notice of Privacy Practices. I have been informed of this right and heave also been asked if I would like a copy.

I understand that a more complete description of information uses and disclosures have been provided. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notice and I may contact Lawler Foot and Ankle at any time at the address below to obtain a current copy of the *Notice of Privacy Practices.* I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand I may may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

Direct requests to:

Lawler Foot and Ankle

Attn: Dr. Kelly Lawler

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