Hays Foot & Ankle
SURGICAL ASSOCIATES, PLLC

FINANCIAL WAIVER AGREEMENT

Name_____ Date _____

The purpose of this form is to help you make an informed decision about your care and whether you want to receive the services/procedures discussed, knowing that you might have to pay out of pocket.

This Financial Waiver Agreement is entered into by and between the undersigned patient and Hays Foot and Ankle Surgical Associates, PLLC.

Ask us any questions that you may have after you finish reading.

☐ **Waiver of Insurance Billing Rights**

By checking this, the Patient acknowledges and agrees that they are voluntarily choosing not to submit claims to any insurance company, including but not limited to private health insurance, government health programs, or any other third-party payor, for services rendered in the provider's office.

By signing this Agreement, the Patient waives their right to have the Provider submit insurance claims on their behalf for any medical services rendered during the course of treatment at Hays Foot and Ankle Surgical Associates, PLLC.

☐ **Financial Responsibility**

By checking this, the Patient understands and agrees that they are fully responsible for payment of all fees associated with the services provided by the Provider. This includes, but is not limited to, consultation fees, treatment fees, surgical procedures, diagnostic testing, custom orthotics, and any other services provided.

The Patient agrees to pay all outstanding balances directly to the Provider, regardless of the Patient's ability to submit claims to or receive reimbursement from insurance.

Services/Procedures:

_____

_____

Estimated Amount:

✘ _____

Signature of patient or person acting on patient's behalf Date

Your signature on this waiver serves as an authorization to hold you financially liable for the above-named service.

This notice gives our opinion, not a denial from your insurance company. If you have other questions on this notice, please ask the staff or the physician before you sign. Signing means that you have received and understood this notice.