

Richmond Foot and Ankle Clinic

36640 Heritage Drive • Richmond, MI 48062
Phone: (586) 727-7867 • Fax: (586) 727-5598

Hengelberth D. Montufar, D.P.M., F.A.C.F.A.S.

Consent to Treat

I give my permission to Dr. Hengelberth D. Montufar D.P.M. or associates and assistants who participate with him to examine and treat my (or my dependent's) feet, hands, leg (below knee) and/or ankles.

Insurance Authorization

Please accept this form as a request of payment made directly to Hengelberth D. Montufar D.P.M. for any services furnished to me. Should there be any future questions regarding any claims, I authorize the release to my insurance company and its agents, any medical information needed to determine the benefits payable for related services.

Richmond Foot and Ankle Clinic will complete insurance forms and send them in on my behalf. The Richmond Foot and Ankle Clinic is the main billing office. I will be responsible for payment of any balances not covered by my insurance company, including deductible and copayments. Payment for services not covered will be made in a timely manner or financial charges will be assessed. These may include but not be limited to rebilling charges.

Medicare and Commercial Medicare Payment Authorization(when applicable)

I request that payment of authorized Medicare benefits be made to Hengelberth D. Montufar D.P.M. for any services furnished to me. I authorize the release of any medical information to the Healthcare Financing Administration and its agents needed to determine the benefits payable for related services

Date: _____

Patient Name Printed: _____

Guardian Name (if applicable) Printed _____

Patient or Guardian Signature: _____