



Family Foot Care Center

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CLEVELAND, GA 30528
PHONE: 706-865-0666
FAX: 706-865-0906

1087 E. FRANKLIN ST. STE G
HARTWELL, GA 30643
PHONE: 706-376-9973
FAX: 706-376-2684

711 ROSE LANE
TOCCOA, GA 30577
PHONE: 706-886-9441
FAX: 706-886-9199

The Family Foot Care Center

Patient: _____ Date: _____

Financial Policy (Self Pay):

Please READ and INITIAL all of the lines:

_____ I understand The Family Foot Care Center can provide me healthcare services on a cash basis.

_____ I understand that all payments for services are due at the time of check-in. If any additional services are provided during my visit with the physician, I will be responsible to pay them at the time of check-out. If I am not prepared for the additional cost, I will make an arrangement with The Family Foot Care Center Billing Department.

_____ I understand that if a check I have written to The Family Foot Care Center is returned by my bank, I will be responsible to pay the amount of the returned check and an additional \$30 returned check fee within 10 days of receipt of notice from The Family Foot Care Center.

_____ If paying by credit card or debit card, I authorize The Family Foot Care Center to charge my credit card or debit card for any additional services incurred during my visit, unless other arrangements have been made.

_____ I understand that if I do not pay for any balance for my services with The Family Foot Care Center, within 60 days of my date of service my account may be turned over to a collection agency.

_____ I understand if any lab work is ordered by The Family Foot Care Center physician, the lab company will bill me for this service.

_____ I understand that The Family Foot Care Center is providing me with estimates of my services provided today; however additional charges may be added in the final stages of billing once my medical record is complete and that I will be responsible for the final balance on my account.

We also offer Care Credit, which is a medical credit card. Please ask the receptionist for more information.

I have read the financial policy, and I understand and agree with this financial policy.

Signature: _____

Date: _____

Witness: _____

Date: _____