

Charlotte Foot & Ankle Specialists
2550 W. Arrowood Road, Suite 102
Charlotte, NC 28273
704-504-4000

PATIENT ROLES AND RESPONSIBILITIES

- I understand and agree to inform Charlotte Foot & Ankle of any changes to my personal data and/or insurance information.
- I understand and agree that payment is ALWAYS due at the time of service. If payment is not received, future appointments and services may be canceled or rescheduled until payment is received.
- I understand and agree to call the doctor's office to cancel or reschedule my appointment within a twenty-four (24) hour period. Failure to do so will result in a \$25 fee charged for each appointment not cancelled or rescheduled before that time period.
- I understand and agree that I will be responsible for an additional \$25 service fee for any returned checks due to insufficient funds.
- I understand that this office charges \$15 for the completion of forms (FMLA/disability... etc.). These charges are my responsibility.

RECORDS RELEASE:

Medical record releases will be completed within fifteen (15) business days. As a courtesy, records will be released to any physician upon your written request. There is a charge for personal records release requests. The usual fee is \$15 and it is your responsibility.

Please check the following forms of communication we may use for you to receive information from us.

_____ Voicemail _____ E-Mail _____ Text

Please check the following of who we may release your information too.

_____ Spouse _____ Child _____ Parent

Print Name: _____

Signature: _____

Date