



SOUTH SHORE PODIATRY ASSOCIATES

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Diplomate, American Board of Podiatric Surgery

Fellow, American College of Foot and Ankle Surgeons

PATIENT ACKNOWLEDGMENT STATEMENT

WAIVER FORM

I understand certain procedures, services or supplies are not a covered benefit or deemed "not medically necessary" by my Insurance Company. I also understand that my insurance plan or its health insurance agent determines the benefit coverage of these services. If I choose to have these procedures, services or receive supplies not payable by my Insurance Company, I understand I am responsible to pay these charges in full.

Services include, but are not limited to: trimming of toenails, corns and calluses.

Specialized items include, but are not limited to: Ace bandages, PPT/Plastizote innersoles, Coban, Elastoplast, custom orthotics, post-operative shoes, Orthotech walkers, aircasts and other footcare products.

Print Name: _____

Patient Signature: _____

Parental Signature (if patient is a minor): _____

Date: _____

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