



**"Authorization to Treat"**  
**Dr. Brad Lindstrom, DPM**

211 E. Butler Road - Suite A1-Mauldin SC 29662  
Phone: 864-281-9171 Fax: 978-327-7938

FACILITY: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\* By signing below I agree to have patient named above treated by Dr. Lindstrom. I acknowledge responsibility for any allowable amounts unpaid by the insurance and agree to submit payment in a timely manner.\*\*\* I also authorize Foot Clinic of SC, LLC to bill insurance and accept assignment on my behalf.\*\*

\*\*\*\* GUARANTOR/RESPONSIBLE PARTY SIGNATURE \*\*\*\*

\*\*\*\*

Signed on: \_\_\_\_\_



Please note that:

Please send my bills to (THIS PERSON IS RESPONSIBLE FOR PAYMENT):

NAME: \_\_\_\_\_ Relation: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Please note that:

- Medicaid DOES NOT COVER Podiatry services
- Regular Medicare covers 80% of ALLOWABLE charges after a yearly DEDUCTIBLE has been met.
- Other Insurance plans such as Private and/or commercial plans (including other Medicare Plans) have different coverage and we will bill you according to your plan's benefits.
- For information on eligibility and/or coverage please contact your insurance directly.
- Please submit the most current copy of your insurance cards.
- Please be aware that HMO plans MAY NOT cover our treatment at your facility. We will not obtain prior authorizations.
- Patient and/or guarantor will be responsible for any allowed amount not paid/not covered by the insurance; including any co-pays, deductibles and coinsurance.

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