



COMPREHENSIVE PODIATRIC CARE

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WAIVER OF PAYMENT

All patients are responsible to have up to date insurance information and must present correct insurance cards at the time of service.

All patients are responsible for any copayment, coinsurance or other charges as per your contract with your health insurance plan for services rendered by Comprehensive Podiatric Care, LLC. All patients are responsible to have a valid referral at the time of service, or patient will be liable for those charges.

In addition, I promise to pay for all services not covered by my health insurance plan, including Workers Compensation and No Fault insurance.

SIGNATURE OF PATIENT OR
AUTHORIZED REPRESENTATIVE

WITNESS

DATE: _____