



# Foot & Ankle MEDICAL CLINIC

## HIPPA Release Form

I hereby authorize payment to Scott Nelson, DPM, PA of any medical or surgical benefits. I authorize Scott Nelson, DPM, PA to release medical records, including HIV testing and/or drug/alcohol use and testing, as requested by representatives of insurance companies or other related organizations for payment of claims, for quality assurance/management or utilization management purposes. Despite risk that information transmitted electronically or through facsimile (fax) communication devices may be intercepted or inadvertently transmitted to people not authorized to receive the information, I hereby authorize the transmission of medical records or any part thereof, electronically and through facsimile communication devices. Additionally, I understand that some procedures/ services performed by the physician may not be covered by my insurance plan. If services are not covered, I understand and agree to be financially responsible for payment for such services.

Patient Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient or Responsible Party Signature: \_\_\_\_\_

### Medicare and Insurance Reminders:

- In most cases deductibles begin on January 1 of each year and you may have to fulfill a deductible before Medicare or other insurances will begin to pay claims.
- Per Medicare law, Dr. Nelson cannot accept Medicare as payment in full. A statement will be sent to the financially responsible party for services provided if a balance remains after all insurance payments are received.
- Any insurance co-pays are due at the time of service.