

GENERAL PODIATRIC CARE AND TREATMENT AGREEMENT

I, _____, hereinafter known as PATIENT, hereby request and consent to podiatric care and treatment by Dr. Morse K. Upshaw, DPM, or his associates, hereinafter known as ATTENDING PODIATRIST.

With regard to podiatric care and treatment to be provided, it is agreed that the ATTENDING PODIATRIST will provide care and treatment to PATIENT to the best of his skill and knowledge, which in light of existing circumstances is possible and practical. The PATIENT will cooperate fully with ATTENDING PODIATRIST by providing a complete medical and physical history, by obtaining all medical diagnostic tests as needed, by obtaining all medications as prescribed, by following all instructions of ATTENDING PODIATRIST, and by timely paying all fees and charges in full as billed or provided by PRIOR special arrangements.

It is agreed and understood that this office reserves the right to assess a FINANCE CHARGE of 2% per month (24% annual) on ALL DELINQUENT or PAST DUE accounts OR a monthly BILLING CHARGE of \$5.00 on all DELINQUENT or PAST DUE accounts, whichever is greater. A PAST DUE or DELINQUENT account is one in which the balance due is over 45 days past due. The PATIENT, PARENT or GUARDIAN consents to automatic credit card or charge card assessment of any past due or delinquent fees at the discretion of this office. It is the goal of this office to provide the best medical and surgical care possible while at the same time keeping costs down. This can be achieved only if PATIENT complies with these stated policies.

It is agreed and understood that it is not possible to warrant or guarantee the outcome of medical or surgical care or treatment and that no warrant or guarantee is created by this agreement.

DATE: _____ PATIENT: _____

If the patient is a MINOR, or may be incompetent, the responsible parent or guardian must sign for the PATIENT.

DATE: _____ PARENT/GUARDIAN: _____

DATE: _____ PODIATRIST: _____

DATE: _____ WITNESS: _____