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AGREEMENT FOR PAYMENT

To maintain transparency, we want to make it clear that you understand what your responsibilities are for today's visit. We will ask that you confirm the agreement at each visit. This new Financial Policy replaces the one that I have previously read and signed. Lighthouse Foot and Ankle will bill me directly for the medical services provided today based on the following:

_____ **I have MEDICARE and will pay for my services today.** I have a private contract with Dr. Michele Kurlanski/Lighthouse Foot and Ankle and understand this office's opted-out status and my responsibility. I will not be able to submit a claim to Medicare or secondary insurance and a claim will not be submitted by our office on your behalf.

_____ **I will pay for today's services and submit a claim to my insurance.** You will be given a superbill to submit to your insurance. I understand I am responsible today for the whole amount of the charges billed on that claim based on the **insurance fee schedule**. My insurance company will pay me directly and will not pay nor have any contact with Lighthouse Foot and Ankle.

_____ **I will pay for today's visit and pay the self-pay rate.** I have insurance but elect not to use it. I understand that I will be quoted and charged the **self-pay option** and that no ICD-10 or CPT codes are generated. I understand that neither I nor anyone on my behalf can file a claim with an insurance company for the services included within the scope of this agreement. This applies to today's visit, and I agree to not retroactively revoke this.

Patient/Patient Representative Signature: _____

Date: _____