

**A. Louis Jimenez, DPM, PC**  
**Gwinnett Foot, Ankle & Leg Center**  
**Jimenez Foot, Ankle & Leg Ambulatory Surgery Center**

2175 North Road  
P.O.Box 527  
Snellville, GA 30078  
(770) 979-0900

3855 Pleasant Hill Rd  
Suite 260  
Duluth, GA 30096  
(770) 497-1017

55 Freedom Parkway  
Suite 112  
Hoschton, GA 30548  
(706) 658-0003

\*We require payment at the time of treatment unless other arrangements are made prior to your visit. We do not file with all insurance companies, only those carriers with which we are under contract. If surgery (over \$500.00) is required, we will file for your insurance benefits, collecting deductibles and co-pays at the time of visit.

Our office also dispenses medical supplies necessary in your treatment and payment for these will be required at time of service.

I authorize release of all medical information necessary to process my insurance claims and is pertinent to my medical care. I assign all medical and/or surgical benefits including major medical benefits to which I am entitled to the above named physician or ambulatory surgery center. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is to be considered as valid as the original.

I understand and agree that I will be responsible for any balances not covered by my insurance. In the event that my account balance becomes more than 45 days past due, I understand and agree that I will be assessed a monthly \$10.00 late fee/rebilling fee.

In the event that my account is turned over to a collection agency, I understand and agree that I will be responsible for any collection fees (40%), attorney fees, court costs, etc.

Any NSF/returned checks will be assessed a \$30.00 fee.

I have read, understand and agree to the office policies stated above.

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Print Name

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Signature of Responsible Party

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Date

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Witness