

**SPORTS MEDICINE CENTER  
NORTHWEST FOOT AND ANKLE CENTER  
LAWRENCE W SNOW MD-GREG CAUDILL PA-C  
MARK T LEWIS DPM-PETRINA C LEWIS DPM  
17910 TALBOT RD S #100 RENTON, WA 98055  
125 3<sup>RD</sup> ST NE #402 AUBURN, WA 98002**

**PATIENT RESPONSIBILITY**

**TO WHOM IT MAY CONCERN:**

**BILLING:** IT IS THE POLICY OF THIS OFFICE THAT ALL CHARGES, REGARDLESS OF INSURANCE COVERAGE, ARE ULTIMATLEY THE RESPONSIBILITY OF THE PATIENT. PLEASE UNDERSTAND THAT IF FOR ANY REASON, PAYMENT IS DENIED BY YOUR LISTED INSURANCE COMPANY, WE WILL SEEK COMPENSATION FROM THE INDIVIDUAL PATIENT.

**COPAYMENTS:** YOUR COPAYMENT IS DUE AT THE TIME OF YOUR APPOINTMENT, IF YOU DO NOT HAVE YOUR COPAYMENT, AND IT IS A NON-EMERGENT APPOINTMENT, YOUR APPOINTMENT WILL BE RESCHEDULED.

**MEDICATION REFILLS:** PRESCRIPTIONS **WILL NOT** BE REFILLED AFTER 4:00PM OR ON WEEKENDS OR HOLIDAYS, EXCEPT FOR EMERGENCY CASES. THERE IS ALSO A 24 HOUR REFILL POLICY. **PLEASE CALL YOUR PHARMACY 24 HOURS IN ADVANCE** TO HAVE A REFILL REQUEST FAXED TO THE OFFICE FOR APPROVAL.

**INSURANCE:** IT IS THE RESPONSIBILITY OF THE PATIENT TO SECURE THE APPROPRIATE REFERRALS PRIOR TO YOUR SCHEDULED VISIT, AND TO UNDERSTAND THE POLICY AND POSSIBLE RESTICTIONS OF THEIR INDIVIDUAL PLAN. AS A **COURTESY** TO OUR PATIENTS, WE WILL CHECK ELIGIBILTY AND BENEFITS PRIOR TO YOUR APPOINTMENT FOR ANY MAJOR MEDICAL EXPENSES.

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**PATIENT OR LEGAL GUARDIAN SIGNATURE**

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**WITNESS**

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**DATE**