

DISCLAIMER

We have verified your insurance coverage. At this time, it is a quote of medical benefit coverage and not a guarantee of payment until the claim submitted has been reviewed. In the event your insurance denies payment, you are responsible for the balance in full. At the time of your visit, you are responsible for the co-payment where applicable and/or percentage and/or deductible (if the yearly amount has not been satisfied) in accordance to the information obtained from your insurance company.

Printed Name

Signature

Date



ELITE FOOT & ANKLE

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