## **Lawrenceville Foot and Ankle Specialists**

600 Professional Drive, #150 Lawrenceville, GA 30046 770-255-0434 phone 770-255-0433 fax

## PLEASE READ CAREFULLY AND SIGN BELOW

As part of our office policy, we require that your deductible (if not met), co-payment, and/or co-insurance be paid in full at the time of treatment. You are fully responsible for any amount not paid by insurance. Our office accepts cash, check, Visa, Mastercard, and Discover.

I hereby authorize Lawrenceville Foot and Ankle Specialists / Dr. Yusuf Opakunle to release to my insurance company or other medical professionals any medical information acquired in the course of my examination or treatment. I also authorize payment from my insurance company to Lawrenceville Foot and Ankle Specialists / Dr. Yusuf Opakunle for any surgical and/or medical benefits due for services rendered.

Patient/Responsible Party	Date
(please initial)	
have read (or had the opportunity to read if)	I so chose) and understood the notice.****
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****I acknowledge that I was provided a con-	y of the Notice of Privacy Practices and that