



Physician and Surgeon  
of the Foot and Ankle

PATIENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

**INSURANCE CHECKS SENT TO THE PATIENT**

I have been informed by Advanced Footcare Group that the checks from my Insurance company may be sent directly to me.

These insurance carriers will send checks to the patient:

- |                                     |                       |
|-------------------------------------|-----------------------|
| 1. Blue Cross/Blue Shield           | 4. GHI                |
| 2. Oxford Health Plans              | 5. United Health Care |
| 3. Empire Plan (Government Workers) | 6. Cigna              |

**I AGREE TO GIVE THESE INSURANCE CHECKS TO  
ADVANCED FOOTCARE GROUP, P.C.**

I understand that these checks from my insurance company are for services provided to me by either:

- Advanced Footcare Group, P.C.
- Anesthesiologist: Mark Pollner
- Doctors:

\* Dr. Howard Zaiff - Dr. Louis Belcastro

**\*Being a GROUP Practice, the statement from the Insurance Carrier may have the name of a different doctor other than your main doctor.**

**I AGREE AND ACKNOWLEDGE NOT TO CASH OR DEPOSIT THESE CHECKS.**

**\*\*\*\*\* IN THE EVENT I FALSELY WITHOLD SUCH CHECKS I AGREE AND ACKNOWLEDGE THAT I AM ULTIMATLY RESPONSIBLE FOR THE AMOUNT OF THESE CHECKS DUE TO ADVANCED FOOTCARE GROUP OR ANY OF THE DOCTORS MENTIONED ABOVE.**

If I get insurance checks, for services provided by Advanced Footcare Group, or any of the podiatrist or Anesthesiologist, I agree to forward them directly to Advanced Footcare Group.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date