

## PODIATRIC MEDICAL FOOT SPECIALISTS

DR. MARK ANTHONY ROSALES  
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MEDICARE REQUIRES US TO TELL YOU, AND HAVE YOU SIGN.

### PATIENT AGREEMENT

“I have been notified by Dr. Rosales and Dr. Wiebe that, in my case, Medicare is likely to deny payment for the items or services identified below, for the reasons stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.”

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ Casting Supplies

\_\_\_\_\_ Post-Op/Injury Shoe

\_\_\_\_\_ Ace Wrap

\_\_\_\_\_ Jobst Support Hose

\_\_\_\_\_ GordoChrome

\_\_\_\_\_ Spenco

\_\_\_\_\_ Other Misc. Supplies

\_\_\_\_\_ Ankle Brace-Depuy

\_\_\_\_\_ Heel Cup

\_\_\_\_\_ Ankle Strapping

\_\_\_\_\_ Walking Cast

\_\_\_\_\_ Unna Boot

\_\_\_\_\_ Orthotics