

**FAMILY FOOT CARE
GERALD B. MCCOOL, DPM**

FORM # 0001 --NON-COVERED ITEMS

All co-pays, co-insurance, and non-covered item/services are due at the time of service. If you are unable to pay today, please notify the front office immediately before being seen, so we may reschedule your appointment.

The following fees might be applied to your office visit. THEY ARE NON-COVERED services/items NOT covered by your insurance, and they MUST be paid at time of service.

ITEMS: NON-REFUNDABLE AFTER PURCHASE

- 1) Over-the-counter Medical Shoe Inserts (various styles-\$50.00 to \$125.00)
- 2) Amerigel antibiotic ointment- \$45.00 each
- 3) MD Support Socks- \$30.00 each
- 4) Extra Tube Foams- \$5.00 each
- 5) Extra Corn Pads -\$5.00 per sheet of 10
- 6) Surgical Boot/Cam Walker - \$100.00
- 7) Surgical Shoe - \$25.00 each
- 8) Heel Cup - \$16.00 each—Foot Sleeves \$25.00
- 9) Ace Wrap - \$4.00 each
- 10) Extra Porus Tape - \$5.00 each
- 11) Custom Orthotics Private Pay \$500.00 /pair
- 12) Extra Toe Spacers \$1.00 each
- 13) Gel Toe Crest \$25.00 pack of three
- 14) Orthotic recovers \$100.00

SERVICES: NON-REFUNDABLE AFTER PURCHASE

- 1) No Show Fee or cancellation of an appointment less than 24 hours in advance \$25.00
- 2) Disability Application Forms \$50.00
- 3) Copies of Medical Records \$25.00
- 4) MLS Laser (6 Treatments) \$500.00
- 5) Non-Covered Service \$100.00

If any of the above items/services are dispensed to me, I am aware that I must pay what applies to me at the time of service.

PATIENTS SIGNATURE

DATE