



5311 Patterson Avenue, Suite 110, Richmond, VA 23226
** Chester ** Colonial Heights ** Kilmarnock **East End **
Phone: 804.285.1523 ~ Fax: 804.285.0613
www.thefootcenter.org ~ doctors@thefootcenter.org

HMO Insurance Waiver Form

I, _____, understand that I must have a referral prior to service at The Foot Center, Inc. If I do not obtain one beforehand, I understand that I am responsible for any and all costs incurred for my services. If the account becomes delinquent and is forwarded to a collection agency or an attorney, I understand that I am responsible for any and all additional fees incurred.

This agreement is effective _____ (date)
between myself and The Foot Center, Inc.

Signed: _____

Witnessed: _____