



Notifications

Please Initial In Box

I hereby give the physicians at Advanas Foot & Ankle Specialists/Sturgis SurgiCare permission to examine and treat my feet. I also authorize the release of medical or other information necessary to process any insurance claim, and authorize payment of medical benefits to Advanas Foot & Ankle Specialists/Sturgis SurgiCare. I certify that the information given to the staff at Advanas Foot & Ankle Specialists is true and correct to the best of my knowledge and will notify Advanas Foot & Ankle Specialists/Sturgis SurgiCare. If any of this information changes.

PATIENT RIGHTS AND RESPONSIBILITIES:

- I have been informed of my patient rights and responsibilities and will follow them completely.

ADVANCE DIRECTIVES:

- I have been informed of my rights to formulate an Advance Directive and understand that I am not required to have an Advance Directive in order to receive medical treatment in this health care facility.
- I understand the policy of this facility and Sturgis SurgiCare is to attempt to resuscitate all patients requiring such service. I further understand should this be the case I will be transferred to a local hospital.
- I **HAVE** formulated an Advance Directive. Initialing this shows you, we do not honor them, we will do everything in our power to save you as long as you are in the office or surgical suite.

FINANCIAL POLICY:
I have read, understood and agree with all three pages of the financial policy. I also understand that I may receive a copy upon my request.

Consent to release:
I authorize my physician at Advanas Foot & Ankle Specialists to obtain any outside information regarding my health or prescription history from external sources.

DISCLOSURE OF OWNERSHIP:
Advanas Foot & Ankle Specialists and Sturgis SurgiCare was formerly owned by Dr. Trevor Neal, In 2018, Doctors Kathleen Bickle, Christopher Bussema, Robert Monfore, along with Dr. Trevor Neal formed a cooperation of joint ownership. The owner's mission is to provide the upmost service in the area of Podiatry.
Please be advised of the following:

- The facility may have a financial relationship with your physician as indicated above.
- A schedule of typical fees for services provided by the facility may be available at your request.
- You may have the right to choose where to receive services including an entity in which your physician may have a financial relationship.

YOUR CONFIDENTIAL COMMUNICATIONS

Persons whom we can contact regarding your treatment, care, appointments, or financial arrangements.

Emergency Contact: _____ Phone#: _____
 Phone # we can leave a detailed message on: _____
 Spouse (Name): _____
 Children (Name): _____
 Care Giver (Name): _____
 Power of Attorney (Name): _____
 Lawyer (Name): _____
 Institutions (Name): _____
 Other(Name(s)): _____

If no one is listed in this section we will only be able to speak to you regarding your personal health information.
 I HAVE RECEIVED A COPY OF ADVANAS FOOT & ANKLE SPECIALISTS/STURGIS SURGICARE/TREVOR NEAL D.P.M. NOTICE OF PRIVACY PRACTICES.

Signature: _____ Date: _____

Public: Master File – Overall: Clerical – Notification Entered By: _____ Date: _____