

**Eric E. Sluiter, DPM**

FOOT AND ANKLE SURGEON

7828 Wakeley Plaza

Omaha, NE 68114



**PRECISION  
FOOT & ANKLE  
CENTER**

PRECISIONFOOTANDANKLEOMAHA.COM

**Nanci L. Clark, DPM**

FOOT AND ANKLE SURGEON

(402) 926-2600 P

(402) 926-2605 F

### **CONSENT TO TREAT**

I give my consent for diagnosis and treatment to Precision Foot & Ankle Center PC under the care of the attending physician. My consent includes, but is not limited to x-ray, examination, charting, or other office services and procedures or consultation with another physician rendered to the patient at the discretion of the attending provider.

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of my medical records and x-rays by Dr. Eric Sluiter, or Dr. Nanci Clark, to my attending physician, hospitals and third party payer (whether an insurance co., government agency, employer, or self insurance employer or utilization review organization).

### **ASSIGNMENT OF BENEFITS**

I hereby assign to said physician all right, title and interest to any benefit payable for medical coverage. I direct that such benefits be paid directly to said physician and I will be responsible for any charges accrued and not paid by the insurance company. **I understand I am responsible for all co-pays, deductibles, co-insurance and any non-covered services.**

### **ONE TIME AUTHORIZATION FOR MEDICARE**

I request that payment of authorized Medicare benefits be paid on my behalf to Dr. Eric Sluiter, or Dr. Nanci Clark, for any services furnished to me by that physician. I authorize any holder of medical information about me to be released to the Health Care, Financial Administration and its agents if needed to determine if benefits are payable for related services.

### **THIS DOCUMENT REMAINS IN EFFECT UNLESS REVOKED IN WRITING**

X \_\_\_\_\_

**Signature of Patient or Guardian**

\_\_\_\_\_ **Date**