



**PODIATRY ASSOCIATES
OF FLORIDA, INC.**
YANT DIVISION

Podiatrist - Foot Specialist

ROBERT D. YANT, D.P.M.
JOHN S. ANDERSON, D.P.M.

I fully understand and agree that insurance policies are an arrangement between an insurance carrier and the insured members. Therefore, I clearly understand and agree that all services rendered that are not covered by insurance are charged directly to me, the patient; I also understand I am personally responsible for payment. I further agree that if collection becomes necessary, I will pay all costs of collection of my balance including reasonable attorney fees.

The Physicians listed above agree to bill insurance directly. Therefore, I authorize any insurance payments be made directly to these Physicians.

Signature

Date