MORRIS PODIATRY ASSOCIATES
Division of New Jersey Podiatric Physicians and Surgeons Group

SIGNATURE SHEET

PATIENT NAME:_____ DATE OF BIRTH:_____

PARENT/GUARDIAN:_____ TODAY'S DATE:_____

CERTIFICATION AND CONSENT

I certify that the information submitted on the patient information and medical history forms is true and correct to the best of my knowledge. I give permission for the doctors to administer and perform such procedures as deemed necessary in the diagnosis and treatment of my feet / ankles.

SIGN:_____

ASSIGNMENT AND RELEASE:

I, the undersigned certify that I (or my dependent) have insurance coverage and assign directly to Morris Podiatry Associates (MPA) a Division of NJPPSG all insurance benefits, if any, otherwise payable to Morris Podiatry Associates for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. If I receive any payments from my insurance company in error, I will sign them directly over to Morris Podiatry Associates A Division of NJPPSG. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

SIGN:_____

E-PRESCRIBING CONSENT:

ePrescribing is defined by a Physician's ability to electronically send an accurate, error free, and understandable prescription directly to your pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. ePrescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MMA) 2003 listed standards that have to be included in an ePrescribing program. These Include: (1) Formulary and benefit transactions, which give the prescriber information about which drugs are covered by the drug benefit plan; (2) Medication History Transactions, which provides the physicians with information about medications the patient is already taking to minimize the adverse drug events. I authorize Morris Podiatry Associates (MPA) a Division of NJPPSG, to view my external prescription history via electronic prescribing services. I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, pharmacies and pharmacy benefit managers may be viewable by the providers and staff of MPA, a Division of NJPPSG, and it may include prescriptions back in time for several years and may include prescriptions to treat HIV, substance abuse and psychiatric conditions, if applicable. I understand that my prescription history will become part of my MPA, a Division of NJPPSG, medical record. Understanding all of the above, I hereby provide informed consent to Morris Podiatry Associates A Division of NJPPSG to enroll me in the ePrescribe program. This consent will remain enforced until revoked or changed.

SIGN:_____

MEDICARE AUTHORIZATION:

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Morris Podiatry Associates, A Division of NJPPSG for any services furnished to me by those physicians. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is included in item 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible only for the deductible, coinsurance, and non covered services. Coinsurance and deductible are based upon the charge determination of the Medicare Carrier.

SIGN:_____