Princeton Foot & Ankle Associates, PC
Medical and Surgical Treatment of the Foot and Ankle

11 North Harrison Street
Princeton, NJ 08540-3502
609-924-1922
FAX 609-497-2936

263 Princeton-Hightstown Road
West Windsor, NJ 08550-3127
609-799-0043
FAX 609-799-0047

Dr. John F. Stanoch
Dr. Donna M. Barrese
Dr. Josh B. Ottenheimer
Dr. Michael L. Monter

I, _____, understand that it is my responsibility to give my correct insurance information each and every visit. If failing to do this generates a bill from my insurance company, **payment will be my responsibility**. This also applies to any lab work that my doctor orders that may not be covered by my insurance.

I also understand that anything my insurance does not pay for (example: deductibles, orthotics, etc.) will be my responsibility. Co-pays are due at time of check-in, with no exception.

I have read and understand the above information and agree.

DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____
DOS: _____ Patient Signature: _____ Staff Initial: _____