



# FOOTCARE, P.A.

PODIATRIC MEDICINE & SURGERY

[www.footcarepa.com](http://www.footcarepa.com)

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Assurance and Utilization Review

I \_\_\_\_\_ have been made aware  
by FootCare, P.A. I will be assessed a \$35.00 fee if I do not notify the  
clinic within 24 hours of my scheduled appointment time that I have to  
re-schedule or cancel my appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_