



FOOTCARE, P.A.

PODIATRIC MEDICINE & SURGERY

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 _____