



# FOOT & ANKLE SPECIALISTS *of Ohio*

► Dr. Gladys G. de León ► Dr. Stephen J. Frania ► Sarah Small, CNP ► Dr. Melissa L. Gulosh  
*Podiatric & Sports Medicine • Reconstructive Foot & Ankle Surgery*  
[www.fasohio.com](http://www.fasohio.com)

## SELF-PAY AGREEMENT

I, the undersigned patient (or guardian), do hereby agree that the self-pay policy of Foot and Ankle Specialists of Ohio, Inc. has been explained to me. Since I not have an insurance plan that will cover the cost of care that will be provided to me. I understand that I will be required to pay a \$100.00 deposit at my initial visit, and understand that I will be billed for any balance due which exceeds this amount. I also agree that at any subsequent visits, I will be required to pay \$75.00 at each visit, and may also be billed for any balance due after the \$75.00 has been applied. I also agree that if the cost of my care is lower than these amounts, that I will receive a refund of that amount promptly.

Signature of patient (or guardian for): \_\_\_\_\_

Date: \_\_\_\_\_

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WILLOUGHBY ► 36060 Euclid Ave., Suite 109 • Willoughby, OH 44094 • (440) 975-8823 • Fax: (440) 975-5763  
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