

Daly City Podiatry Group
1800 Sullivan Ave. Suite 401
Daly City, CA 94015

Homecare/ Facility visits Agreement

Patient's name: _____ DOB: ____/____/____

- We will give you a time frame of when the Dr. will arrive to your home or facility.
- Cash pay patients require a **\$200.00** deposit.
- All patients require a **\$50.00** deposit.
- If patient refuses service we understand. Please keep in mind that we block the Doctor's Day for the home or facility visit. If patients refuse we will charge a **\$50.00** missed fee.
- If patient refuse to be seen we will not be able to reschedule the appointment until the **\$50.00** fee is paid.
- New patient forms must be filled out and signed completely before being able to schedule an appointment. This includes copies of insurance and ID front /Back.

Signature

____/____/____

Today's Date