

710 Lebo Blvd  
Bremerton, WA 98310  
360-373-1772

Dr. Ramona Caliva, D.P.M.



## Insurance Information

Primary Insurance

Insured Name

Insurance Address

Insurance Phone

Policy ID

Policy Group ID

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### **INSURANCE AUTHORIZATION AND FEE AGREEMENT**

I request that payment of authorized benefits be made on my behalf of Dr. Ramona Caliva (Alliance Foot Clinic) for any services furnished me by her and Alliance Foot Clinic. I authorize any holder of medical information about me to be released to my insurance company and its agents any information needed to determine the benefits payable for related services. Co-payment is due at the time of services rendered. I further understand that I am ultimately responsible for payment of any changes due to Dr. Caliva and Alliance Foot Clinic for services performed.

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Patient or Guardian Signature

Date

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I acknowledge that I have received a copy of the HIPA "Notice of Information Practices"