



MD Advanced

14805 North Outer 40 Rd Ste 320
Chesterfield, MO 63017
Ph# 888-811-4677 Fax# 800-605-8906

PRIVATE PAY AGREEMENT

In consideration for Specialized Wound Management, LLC, providing foot care services for a resident not covered by insurance, _____
Responsible Party
agrees to pay \$50.00 per foot care visit as ordered by the medical provider as needed for _____.
Patient

Signature/Title

Date