



MD Advanced

14805 N Outer 40 Rd
Suite 320
Chesterfield, MO 63017
Ph# 888-811-4677 & Fax# 800-605-8906

FACILITY AGREEMENT TO PAY

In consideration for Specialized Wound Management, LLC, providing foot care services for a resident not covered by insurance,

_____ agrees to pay as follows:
Facility

\$50.00 per foot care visit, as ordered by the medical provider for:

Patient

Signature/Title

Date