



## *Capital City Foot & Ankle, LLC*

Edward M. Baynham Jr, DPM  
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### **Signature on File**

I authorize consent for treatment of foot and ankle conditions to Capital City Foot & Ankle, LLC (Drs. Edward and Marcia Baynham).

I authorize the release of any medical information necessary to submit and process the claim to my insurance companies. I authorize Capital City Foot & Ankle, LLC to act as my agent in helping me obtain payment from my insurance companies and authorize payment of medical benefits for services rendered be made directly to Capital City Foot & Ankle, LLC (Drs. Edward and Marcia Baynham). I understand that I am ultimately financially responsible for services rendered.

The products and/or services provided to you by Capital City Foot & Ankle, LLC are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57 C. These standards concern business professional and operational matters. (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

I permit a copy of this authorization to be used in place of the original signature.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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