

POLICIES AND PROCEDURES

Thank you for choosing us as your healthcare provider. Our goal is to provide you with the quality care in a friendly comfortable atmosphere and in the timeliest manner as possible. This information is designed to guide you throughout the rapid changing world of medicine and insurance plans.

By signing the bottom of this page it indicates your understanding of our policies and procedures. If you have any questions, feel free to ask us. We will be glad to help.

OFFICE RESPONSIBILITY

1. Our staff will treat you with respect and provide you with the best possible care throughout your treatment.
2. An exact fee cannot be determined until after the doctor has seen the patient and has reviewed findings of that visit. You must realize that there is a separate charge for office visits, x-rays, injections, cast changes, and other procedures done within the office or hospital setting.
3. As a courtesy to you, we will bill all accepted insurance companies and supply them with all necessary information they will need to accurately process your claims.

PATIENT RESPONSIBILITY

1. We believe your time is as valuable as ours is. Please arrive on time for your scheduled appointment. If you are more than 10 minutes late, we will need to reschedule your appointment.
2. All copays and balances are due at time of visit. We accept cash, check, Visa, and MasterCard.
3. It is the responsibility of the insured to understand his/her insurance coverage. Our staff cannot call your insurance company to obtain information regarding your benefits.
4. Please verify with your insurance if our physicians participate and are in-network with your plan. It is your responsibility to obtain referral/authorization for your treatment at Summit Podiatry Group. This must be presented at time of service. Failure to have this information at the time of service may result in you being responsible for charge of services performed.
5. Patients are responsible for their services not covered by insurance, included but not limited to copay's, deductible, products, and denied services.
6. If you are experiencing financial difficulties we will work with you to arrange a payment plan. However, failure to pay a patient balance will result in termination of physician-patient relationship. Delinquent accounts will be referred to Professional Business Bureau. In the event you are turned over to collections there will be a 40% fee added to your account.

PRIVACY POLICY

1. I acknowledge that I was provided a copy of the Notice of Private Practice and that I have read (or had the opportunity to read if I so choose) and understood the Notice.
2. I acknowledge that Summit Podiatry Group uses Epic Health Systems EHR and medical records are accessible to other physicians/offices.

Signature (Patient/Guardian)

Print Name of signature

Date