

ADVANCED PODIATRY SERVICES
HOWARD A. PENN, D.P.M.
Independent Health, Community Blue, Senior Blue, Univera, North Americare, Aetna Health

Dear Managed Care Patient:

We appreciate your confidence in choosing Advanced Podiatry Services. As a participating provider with your managed care plan we must keep within their guidelines and protocol. Please take a moment to review our financial policy below.

About Copayments

As an enrollee of a managed care plan (HMO or PPO) that we are contracted with, you are required to pay the copayment each time you are seen. Your insurance deducts this from our reimbursement. If you are not prepared to pay the copayment, a service charge will be added after ten days in order to keep billing expenses down.

About Annual Deductibles

In addition to the copayment, some plans also have an annual deductible. This is also your responsibility. In the event that there is a balance due from you after your insurance carrier has paid its portion, we will bill you. We ask that this balance be paid in full upon receipt of a billing statement from our office. Overdue accounts will be turned over to our collection service. To avoid this, please pay your bill promptly after you receive your first statement. If you do not understand the reason you owe a balance, please do not hesitate to contact our office. Lisa (824-9835) is our insurance specialist and will explain the balance to you or answer any other questions you may have.

About Referrals

If you are enrolled in an HMO which requires a referral from your Primary Care Physician, you must have the referral with you in order to be seen by Dr. Penn. If you arrive with no referral, you have two options:

1. You can reschedule.
2. You will have to sign a waiver from your insurance company stating you understand there is no referral on file. If the referral is not received, you will be responsible for full payment of services.

Our staff is dedicated to working with your insurance carrier to get the best possible reimbursement. Patients, however, also have a certain responsibility regarding their coverage. We appreciate your assistance in working with our staff.

Please sign below and return this to the front desk.

I have read the above and understand my obligations.

Patient's (or responsible party) Signature

Date