

ADVANCED PODIATRY SERVICES
HOWARD A. PENN, D.P.M.
1271 RIDGE ROAD, LACKAWANNA, NY 14218
OFFICE (716)824-9835 FAX (716)827-7095

FINANCIAL POLICY

Thank you for choosing Dr. Howard A. Penn as your health care provider. We are committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of our Financial Policy is important to our professional relationship. Please call our office if you have any questions at (716)824-9835.

- * WE ARE HAPPY TO BILL YOUR INSURANCE DIRECTLY, HOWEVER, WE MUST HAVE A COPY OF THE INSURANCE CARD.
- * IF PAYMENT IS NOT RECEIVED FROM THE INSURANCE CARRIER OR OTHER RESPONSIBLE PARTY IN 90 DAYS, WE HAVE THE RIGHT TO BILL YOU DIRECT.
- * IF YOU DO NOT HAVE INSURANCE, OR IF YOU DO NOT HAVE YOUR INSURANCE CARD, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA/MASTERCARD, AND DISCOVER.
- * ALL PATIENTS MUST COMPLETE OUR "PATIENT REGISTRATION FORM" AND OTHER RELATED FORMS.
- * PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.
- * 48 HOUR NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS OR X-RAYS AND THERE MAY BE A NOMINAL FEE.

SELF PAY

We expect payment at the time of service unless prior arrangements have been made.

MEDICARE

We accept Medicare assignment. As a Medicare patient you are responsible only for the difference between the approved charge and the amount Medicare pays and, of course, your deductible. If you have a supplemental insurance we will be happy to bill it directly for you. You will receive a bill after your insurance has paid.

HMO/PPO

ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. IF YOU DO NOT KNOW YOUR CO-PAY WE WILL CONTACT THE INSURANCE COMPANY FOR YOU AND FIND OUT. We are members of most, but not all plans. You are responsible for verifying that we are providers for you plan. If you are an HMO member you will not be billed as long as we have the necessary referral. **Please note: You must have your referral in hand at the time of your visit or you will be asked to sign a waiver provided by the insurance company or to reschedule.** PPO patient will only be responsible for their co-payments and co-insurance, as long as they have verified with their insurance that Dr. Howard Penn is in their plan and if any referrals are necessary.

WORKERS' COMPENSATION

If you are here as a result of work related injury, we will require information regarding both health insurance and your employer's Workers' Compensation insurance. We will require a letter or statement from the Workers' Compensation carrier authorizing your treatment. The letter should include the claim number, address, adjuster's name and phone number. (Your employer's human resources office should be able to assist you with obtaining this information.) If payment is not received from these third parties within 90 days, we have the right to bill you directly.

ACCIDENT CLAIMS

If you are here as a result of an accident claim, we will require information regarding both health and accident insurance. In addition, we will need the name, address and phone number of your attorney. In case of a lawsuit we may need to file liens for payment. If payment is not received from these third parties within 90 days, we have the right to bill you directly.

Our staff is dedicated to working with your insurance company 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.

I understand that if the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment for all services.

Name of Patient (Please Print)

Signature of Patient or Responsible Party

Date