



JEFFREY A. KAPLAN, D.P.M.

Diplomate of American Board of Podiatric Orthopedics

RIDGE MEDICAL CENTER

681 Whiskey Road

Ridge, NY 11961

Telephone: (631) 744-0181

FINANCIAL POLICY

Thank you for selecting our office for your podiatric care. We are committed to providing excellent care with concern for your personal needs. Your understanding of our policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff.

- 1) It is your responsibility to provide the office with all required information regarding your health care coverage. It is also your responsibility to promptly notify us of any changes to your insurance information. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- 2) We participate in most insurance companies, including Medicare. If you have insurance coverage with a plan with which we do not have a prior agreement, or if the services are not covered under your particular health insurance plan, then you are responsible for paying for all services at the time of service.
- 3) We have made prior arrangements with certain insurers and other health plans to accept an assignment of benefits. This means that you agree to have your insurance company pay the doctor directly. We will bill those plans which we have an agreement with and will only require you to pay the co-pay/co-insurance/deductible at time of service.
- 4) It is the patient's responsibility to ensure the office, prior to your appointment, receives required referrals. Failure to do so may result in your appointment being cancelled, rescheduled, or you will be required to pay the full amount of the appointment at time of service.
- 5) Our office accepts checks, cash and money orders. If a check is dishonored (insufficient funds), then there will be a service fee of \$25.
- 6) For the courtesy of other patients, please note that you will be responsible for paying a missed appointment fee of \$25 if you fail to appear for a scheduled visit and have not provided at least 24 hours notice.
- 7) Past due accounts are subject to collection proceedings, All costs incurred including collection fees, attorney fees and court fees shall be your responsibility in addition to the balance due this office.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have had the opportunity to read the Privacy Practice Act located in the reception area, and I understand the notice.

Please sign below to indicate you have read the above Office Financial Policy section and the Privacy Practices section and understand them fully.

Print Name

Date

Signature