

SURGERY OF THE FOOT AND ANKLE

---

Thank you for choosing Valley Foot and Ankle and the offices of Dr. Vladimir Zeetser, Dr. Dawn Buratti and Dr. Leonora Fihman, DPM for your medical care. We are committed to providing you with quality, personal health care, and appreciate your commitment to adhere to our OFFICE POLICY (page 1) and FINANCIAL POLICY (page 2). Agreement with these policies is required for all medical care. In an effort to maintain patient satisfaction with our staff, telephone calls may be recorded for quality assurance. Although we have always maintained a friendly and personal office environment, the realities of business and insurance hurdles mandate that we maintain and enforce these policies. Thank you, in advance, for your cooperation. We look forward to exceeding your expectations in your care.

**Office Policy**

**Appointments:** If you are unable to keep your scheduled appointment, please call our office 24 hours prior to the appointment to reschedule. This will allow us to provide that time slot to another patient. We reserve the right to charge up to \$85 for missed appointments.

**Completion of Medical Forms:** Forms for Disability, DMV, EDD, Employers, Schools, etc. are time consuming and often multi-paged. For this reason, there will be a charge of \$15-\$45 for the completion of medical forms (charge is based upon number of pages and complexity of information requested). Payment is due at the time the forms are requested and will not be mailed or faxed until payment is made.

**Product Sales:** Occasionally, your doctor may recommend a specialty product. For your convenience, we have many of these items available for purchase in the office. Please understand that due to infection or contamination risk, we are unable to accept returns. Under special circumstances, if an item is accepted for return, it will incur a 15% restocking fee. Special order products not dispensed will incur a restocking fee.

**Notice of Privacy Practices:** You will be provided with a copy of the Notice of Privacy Practices, as mandated by HIPPA law at the time of your initial visit.

By signing below, you agree that you were provided a copy of the Notice of Privacy Practices and that you have read (or had the opportunity to read if you so choose) and understand the Notice. You also agree to the above terms of the Office Policy.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient (or responsible party)

\_\_\_\_\_  
Date

SURGERY OF THE FOOT AND ANKLE

---

Financial Policy

Financial Policy: Payment is due and payable at the time services are rendered. If you have health insurance, our staff will attempt to verify benefits and review them with you during your visit. Ultimately it is your responsibility to understand the terms of your policy. If we are unable to verify benefits for any reason, we may collect payment in full pending such verification. It is your responsibility to provide a current insurance card at each visit and to inform our staff of any insurance changes.

All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be “non-covered” or “denied” or “not medically necessary”, regardless of what your Explanation of Benefits says, you will be responsible for those charges. Additionally, some services may not be covered in multiple quantities and are your responsibility, usually at a reduced rate. For example, treatment of one side of an ingrown toenail is covered, but the other side of the same nail is not covered but requires double the work for the doctor. You may be charged a small fee for this extra service not billed to insurance.

Whether or not we are a participating provider with your plan we will, as a courtesy, bill your insurance and allow their payment to be applied to your balance. All co-payments, deductibles and co-insurances must be paid at the time of service. Remaining balances, including “non covered” services are due upon receipt of a statement from our office. An administrative fee of \$5 per month will be charged to all statement balances over 30 days. We accept all credit cards, checks or cash. There is a \$30 charge for any check returned by your bank for any reason, and a \$40 charge for any credit card charge-backs.

Out-of-Network Insurance Policy: There are some insurance companies with whom we are not contracting. We are happy to provide services as out -of-network providers, but it is important to understand that you are responsible based on your contract with your insurance company. In most cases, we will attempt to adjust your out-of-pocket expenses to match your in-network expenses, as closely as possible. We cannot, however, adjust deductibles. In the event that an insurance check is sent directly to you, you shall immediately endorse the insurance check to your provider or remit equal payment in full, otherwise you will be held responsible for the entire billed amount, which is far greater than the allowed amount, and no adjustments will be made.

**By signing below, you 1) acknowledge that you have read and agree to the terms above 2) agree to assign insurance benefits to this office and your provider, 3) agree to pay co-pays, deductibles and coinsurances at the time services are rendered, 4) agree to pay all balances in full upon receipt of statement from this office, unless other payment arrangements are made, 5) agree that if it becomes necessary to forward your account for collections, you will be responsible for all costs, interest (1.5% per month) and fees incurred. You also agree to honor the out-of-network insurance terms above.**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient (or responsible party)

\_\_\_\_\_  
Date