



## **DM FOOT & ANKLE ASSOCIATES OFFICE POLICIES**

**OUR MISSION STATEMENT:** To provide comprehensive, quality foot care for the entire family.

### **WHIRLPOOL SOAKS FOR OUR NAIL AND CALLUS PATIENTS**

- We offer foot soaks to our nail and callus patients as a free, complimentary service.
- We do ask that you come 15 minutes PRIOR to your scheduled appointment time to receive your whirlpool soak.
- If you do not come 15 minutes PRIOR to your appointment time, you will not receive a whirlpool soak. We appreciate your understanding in our office's efforts in maintaining our daily patient schedule.
- Our trained medical nail technicians will be aiding the physician with nail cutting services rendered during your visit.
- The nail cutting visit is considered a separate appointment from any other foot issues you may be having. If you are having foot pain or other issue that is not an emergency, you will need to make another appointment for a full evaluation.

### **SEPARATE APPOINTMENTS REQUIRED FOR EACH SERVICE**

- We require a separate appointment timeslot for each service being rendered. This helps our doctors and staff to stay on time. This includes laser services, procedures, nail cutting services, EPAT, etc.
- You must let the staff know when you make your appointment which services you would like to receive.

### **DIABETIC PATIENTS**

Patients with diabetes require an annual foot examination visit, which is a one-time, separate appointment from your nail visit. During this appointment, a full foot check will be performed and your shoes will be evaluated. You will need to follow-up with your doctor to obtain the sign-off. Failure to do so will result in non-payment of shoes, and you will be responsible for the bill. We will be unable to order diabetic shoes without a diabetic foot exam visit and must be separate from your nail cutting visit. The deadline to order shoes is October 31<sup>st</sup>.

### **LATE POLICY & MISSED APPOINTMENT FEE**

We offer a 10 minute grace period past your appointment time should you be running behind schedule with a phone call notification. Please call our office to keep you on the schedule or your appointment will need to be rescheduled.

There is a \$35 fee for all missed appointments unless a 24 hour notice is given by notifying our office. We all occasionally run late or miss an appointment due to a special circumstance. However, repeated offenses may result in not being able to reschedule your appointment.

### **CELL PHONE POLICY**

We ask you to refrain from cell phone use and do not answer phone calls while the staff or doctor is in the room with you.

### **MINORS IN THE OFFICE**

Patients ages 17 or younger must be accompanied by their parent or guardian. Patients ages 16 and older can be seen without a parent or guardian with the written consent form filled out by the parent or guardian for special circumstances. Children may accompany you during your office visit. However, children ages 10 and under cannot be left unattended in the waiting room.

### **OFFICE ETIQUETTE**

We strive to treat our patients with kindness and respect, and we ask the same courtesy from our patients in return. Patients who exhibit loud or aggressive behavior, such as yelling or profanity, will not be tolerated and may result in being discharged.

### **FORMS FEE**

There is a \$25 fee to fill out any third party forms.

### **RETAIL SALES**

All retail goods are final sale only. Shoes/slippers may be exchanged for fit issues only. For a manufacture defect, an exchange of the product will be given within 14 days of purchase.

# **FINANCIAL POLICIES**

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our office managers.

## **FORMS OF PAYMENT**

We accept credit cards including Visa, MasterCard, Discover, and American Express. We accept cash, checks, and Care Credit.

## **COPAYS**

All copays are due at time of service.

## **DEDUCTIBLES**

If your health insurance plan has a deductible which has not been met, we may ask for a partial payment for your treatment at the time of service.

## **COINSURANCE**

If your health insurance plan has a co-insurance, you are responsible for all balances due. A co-insurance is a percentage that you must pay for services rendered.

## **SELF PAY SERVICES**

Services that are not billable to your insurance are due at time of service. This includes laser for toenail fungus, retail goods, self-pay patients, Keryflex treatment, and other non-billable services.

## **ACCOUNT BALANCES**

Any balance on your account is due at time of service. If you are unable to pay your balance in full, a credit card can be placed on file and a payment plan can be set up for you. If your account balance remains unpaid for greater than 90 days, you will be asked to pay a minimum of 50% of your outstanding balance in order to make any future appointments.

## **RETURNED CHECK FEE**

There is a service fee of \$35 for all returned checks.

## **COLLECTIONS**

Unpaid balances may be subject to collections. If you are having financial difficulty, a payment plan can be set up for you to avoid being sent to collections.

## **OUTSIDE VENDORS**

On occasion, an order will be sent to an outside vendor for lab work or medical supplies. All billing for these services is handled by the outside vendors and all billing questions should be directed towards them.

This includes any biopsies or lab work that we send out on your behalf.

## **TO ALL PATIENTS USING HEALTH INSURANCE**

Healthcare and health insurance plans are constantly changing and being updated on a regular basis. It is up to you to know and understand your healthcare benefits.

We offer a courtesy insurance verification for our patients. This information can let us know if there is any co-pay or deductible and gives us a general understanding of your insurance coverage. This information is subject to change.

## **UNDERSTANDING MEDICARE INSURANCE**

Medicare Part B is accepted in this office. Medicare Part B will pay for 80% of the contracted billing charges. The remaining balance of 20% is your responsibility. If you have a secondary insurance, it will be automatically billed after Medicare processes the claim. Each secondary insurance is very different. Some secondary insurances require a co-payment. Others do not cover the 20% remaining balance in full and the balance becomes your responsibility.

Did you know that Medicare has a deductible? In 2022, the Medicare Part B deductible is \$233.00. While some secondary policies will cover a portion of this deductible, many secondary policies do not and hold you responsible for any balance.

All patients with Medicare insurance must sign an Advance Beneficiary Notice (ABN) for Durable Medical Equipment and other services rendered.

## PLEASE TAKE NOTE:

DM Foot & Ankle Associates is a **SPECIALIST** office (not a primary care physician office). All visits with the physician are billed with an OFFICE VISIT code, which includes your examination and treatment plan discussion with the doctor.

You will be billed an office visit EACH time you come to the office (except after major surgery), and **your copay will be collected at each visit.**

X-rays are considered a separate, billable service code.

Other procedures are also considered separate from the office visit and a separate billing charge. This is including but not limited to: injections, in-office minor surgeries, biopsies, application of casts, arch supports, orthotics, and durable medical equipment such as walker boots, night splints, or ankle braces.

### **OTHER POLICIES REGARDING YOUR HEALTH INSURANCE**

- We have made prior arrangements with certain insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the co-pay, co-insurance, and deductible at the time of service.
- 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 “not covered,” or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- All visits with the physician or medical assistant will be billed to your insurance.
- As our patient, you are responsible for all referrals needed to seek treatment in this office.
- You must inform the office of all insurance changes and authorization/referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment.
- If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, all charges for your care and treatment are due at the time of service.
- If you are seen as an inpatient in the hospital, the visits will be billed to your insurance. Any balance due is your responsibility.
- Past due accounts are subject to collection proceedings. All costs incurred including, but not limited to, collection fees, attorney fees and court fees shall be your responsibility in addition to the balance due this office.
- Phone and or email consultations may be billed to your insurance.



DIANA EMINI, DPM  
MICHELLE KIM, DPM

## LIST OF ON-SITE PATIENT SERVICES

### ***THE FOLLOWING MAY BE BILLABLE TO YOUR INSURANCE PLAN:***

- Office visits - evaluation of your condition and treatment discussions
- On-site Imaging
  - X-rays
  - Ultrasound
- Foot and ankle surgeries – both doctors are double Board Certified in Surgery and Medicine
  - Bunions, hammer toes, growths, foot fractures, spur removal
  - Minimally invasive spur removal and flat foot correction
- Foot and ankle pain treatments
  - Ankle brace, walker boots, night splints
  - Casting
  - Custom AFO devices
  - Custom orthotics
  - EPAT shock wave treatments
  - Injections
- Fractures, sprain, or other foot and ankle injuries
  - Splinting, casting, or surgery
- Dermatologic care
  - Fungal nail care
  - Ingrown nail procedures – permanent or temporary removals, or removal of infected ingrowns
  - Nail & callus cutting services with foot soak
  - Skin biopsies, nail biopsies
  - Wart care, wart surgery, laser for warts
  - Wound care of sores, cuts, or skin injuries in the foot or leg
- Diabetic Foot Care
  - Diabetic shoes and inserts
  - Neuropathy treatment
  - Wound care

### ***SELF PAY SERVICES – NOT BILLABLE TO YOUR HEALTH INSURANCE***

- Laser treatment for toenails
- Keryflex treatment for toenails
- Most stem cell injections
- Retail goods
- Services not covered by your health insurance



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## PATIENT CONSENT & RELEASE FORM

### **AUTHORIZATION OF PAYMENT TO PHYSICIAN**

I hereby assign all insurance benefits payable directly to DM Foot & Ankle Associates for services rendered. I understand I am financially responsible and liable for services rendered, regardless of insurance payment.

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)**

I acknowledge that I was provided a copy of DM Foot & Ankle Associate's privacy Practices. I have read, or had the opportunity to read if I so chose, and understand this notice.

### **MEDICAL HISTORY FORM**

All medical history I provide each visit is true to the best of my knowledge.

### **OFFICE AND FINANCIAL POLICIES**

I have read the office policies and agree to their contents.

### **PHARMACY**

In order to ensure an accurate prescription history, all medications from the past eighteen months will be directly updated to the my medical chart from my preferred pharmacy.

### **AUTHORIZATION FOR USE OF PHOTOS**

On occasion, medical photographs of my condition may be taken in the office. Photos may be used for medical documentation, before and after photos, wounds, surgeries, or other conditions. These photos may be part of the medical record, used in case studies or journals, used in teaching, or used in advertisements. Any identifying name, face, or other information will not be used.

I authorize my photos to be used for:

- Medical records only
- Medical records, studies, teaching, and advertising (face or identifying information will not be shown)

I have read and fully understand this form and all of its associated contents. This authorization is valid as of today and will remain in effect while I am a patient of DM Foot & Ankle Associates.

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

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_\_  
Date