

New York Foot Care Services, PLLC

NYFCS, PLLC – North Bronx * NYFCS, PLLC – 149th St. * NYFCS, PLLC – 161st St.
Spanish American Foot Care Associates, PLLC * Astoria Foot Care, PLLC * Washington Heights Foot Care, PLLC

OFFICE POLICY

Thank you for choosing our office for all your podiatric needs. We look forward to providing you with the highest quality of care. The following policies are designed to make your visit to our office as convenient as possible. Please take a few moments to review the information provided. Our staff is readily available to answer any questions you may have. Welcome to our practice.

- Please fill out the Patient Profile and Review of Systems fully and accurately.
- Our office accepts most medical insurance plans including Medicare. Insurance information must be provided at the time the appointment is scheduled, whether in person or over the phone, so that benefits and eligibility are confirmed prior to your being seen by the Doctor. A copy of your current insurance card will be made at the time of your visit. It is the patient's responsibility to obtain a referral from the Primary Care Physician, if one is required, prior to your appointment date.
- Payment for services rendered is due at the time of service. All co-payments and past due balances are collected prior to your being seen by the Doctor. Payment is accepted in cash, check, or credit card. Our staff will inform you of any products or services not covered by your insurance and the fees for such.
- The staff confirms appointments the day before. Please notify the office 24-hour prior of any cancellations or rescheduling. Appointments not kept and not canceled will be subject to a \$50.00 charge regardless of insurance coverage. Surgical procedures canceled without 24-hour notice are subject to a \$250.00 deposit, which will be refunded when surgery is rescheduled and performed. If you are late for a scheduled appointment, the office reserves the right to reschedule for another date, or you will have to wait until we are able to accommodate you. Walk-ins have to wait until patients with scheduled appointments are seen or until there is an available time within the schedule before being seen by the Doctor
- Please turn off all cell phones when called into the treatment room.
- Copies of medical records are to be requested in writing with the proper authorization signed by the patient. There is a \$0.15 per page fee for this service. Copies of x-rays take up to one week to obtain and require a \$15.00 fee per copy.
- Please notify the office immediately of any changes in address, phone number, insurance coverage, medical status, and medications.

Signed: _____ Date: _____

Patient or Authorized Signature