

**Jay G. Levine, DPM
Podiatrist
Stephanie Maurais, DPM**

Medicine & Surgery of the Foot

**55 Old Nyack Turnpike
Nanuet, NY 10954
(845) 623-5933**

INSURANCE COVERAGE POLICY

As a courtesy, our office will submit a claim to your insurance carrier. However, payment for medical services and/or devices **IS ULTIMATELY THE PATIENT'S RESPONSIBILITY**. In some circumstances, your insurance company may deny payment for a service, which is not a covered benefit, or is deemed not medically necessary.

By signing below, you agree to accept responsibility for all medical services and/or devices, which Jay G. Levine, DPM deems medically necessary and may not be reimbursed by your health insurance. X-rays, CT scan, MRI, bone scan readings may not be covered by your insurance company. A separate charge will be billed for this service if not covered. In addition, you are acknowledging that you, knowing this, have asked for treatment by our physicians. Your insurance may require a referral form to authorize treatment. It is your responsibility to secure a referral form and bring with you. If you do not secure a referral form, or your HMO fails to reimburse the physician, you are personally responsible for payment.

The first visit is always treated as an Initial Consultation and no surgical procedure will be performed. Treatment will be initiated at a subsequent visit. Please also note that insurance company policy allows treatment for **ONE SINGLE CONDITION** at a time. If you prefer treatment for additional conditions at the same time, **YOU WILL BE RESPONSIBLE FOR PAYMENT – NOT INSURANCE**.

Our office does not accept secondary insurance. All co-payments, co-insurance and deductibles must be paid at the time of visit. A receipt will be provided for submission to your insurance company.

ROUTINE FOOT CARE POLICY

Routine foot care is defined as the cutting or trimming of toenails, corns and calluses. As you may know, this is not a covered service under any insurance policy.

We realize that these foot care services are important and in many cases eliminate significant discomfort. We are therefore committed to continue providing routine foot care services to our patients. **THERE WILL BE A SEPARATE CHARGE FOR THIS SERVICE**. This charge must be paid by the patient at the time services are rendered.

PRIVACY POLICY

The federal government has enacted regulations that concern the security and privacy of all healthcare information. The following is a brief description of your rights to security and privacy in your medical records.

This practice will not release your medical records or other individually identifiable healthcare information for non-healthcare purposes without your written authorization.

Please consider that any information so released is no longer protected by the privacy regulations and is subject to further release by the party to whom it has been released. We have an obligation to provide you on your request with disclosures for the purposes described above within the previous six (6) years.

We will keep your written requests to release your individually identifiable healthcare information for non-medical purposes on file for this purpose.

We ask that you give us a general consent to our use of your individually identifiable healthcare information for the purposes of treatment, payment and operations within our practice, including but not limited to, confirming appointments via telephone answering machines, referring to you by name in our waiting area, and any other manner which keeps our relationship on a personal level. This also includes, but is not limited to, such routine matters as faxing insurance and medical information which pertains directly to your treatment, having entries to your medical records typed from dictation and our being able to send billing forms directly to your insurers.

If there is ever a breach of your private health information, we will notify you immediately with a description of how the breach occurred, steps you should take to protect yourself and how we will try to prevent the breach from reoccurring.

Jay G. Levine, DPM, Podiatrist, Medicine & Surgery of the Foot reserves the right to change its privacy policies with notice to patients of material changes. You have the right to revoke this consent at any time, except as to any acts that have already been taken based on your prior consent.

Thank you for carefully considering the information presented in this document.

I, _____ give general consent to the use of my individually identifiable healthcare information by Jay G. Levine, DPM, Podiatrist, or Stephanie Maurais, DPM, Podiatrist and Medicine & Surgery of the Foot for treatment, payment and other operations within the practice. I have read the above information, and agree to the policies and procedures of Jay G. Levine, DPM, Podiatrist, and Stephanie Maurais, DPM, Podiatrist, Medicine & Surgery of the Foot.

Patient Signature _____

Date _____