



# COASTAL PODIATRY GROUP

DR. PATRICK AGNEW DR. LYNETTE SANTIAGO

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VIRGINIA BEACH, VA 23464

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PATIENT'S NAME	DATE OF BIRTH / /	TODAY'S DATE / /
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HIPPA ACKNOWLEDGEMENT	<p>I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:</p> <ul style="list-style-type: none"> <li>◆ Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.</li> <li>◆ Obtain payment from third-party payers.</li> <li>◆ Conduct normal healthcare operations, such as, quality assessments and physician certifications.</li> </ul> <p>I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.</p>	
	SIGNATURE	RELATIONSHIP TO PATIENT

### PLEASE READ CAREFULLY

We are dedicated to providing the best possible care for you and we want you to completely understand our policies.

INSURANCE POLICIES	<p>Please keep in mind that your insurance policy is a contract between you and your insurance company. We cannot assume that any specific charge will be covered. Your involvement in knowing what your plan covers is important, and we encourage you to become familiar with your plan. This information is best obtained by calling your insurance company.</p> <p>Co-payments, deductibles and non-covered fees are the responsibility of the patient. They are due at the time of service.</p> <p>We file primary and secondary insurance claims for our patients. If a service is considered "not covered" by your insurance company, the patient will be responsible for the charge. If you do not agree with the denial, you must resolve the matter with your insurance company. Payment is due upon receipt of a statement from our billing office.</p>
	<p>In order to be seen by a specialist, <b>Medicare &amp; Medicaid insurances requires that you are seen every 6 months, by a primary care doctor</b>, whom is treating your primary condition. Medicare &amp; Medicaid requires specialists, <u>when filing your claim, we must include the name of your primary doctor and the last date you saw this doctor.</u> Without this information, Medicare &amp; Medicaid will deny payment.</p>

REFERRALS	<p>Please note that if your plan requires a referral, it is the <u>patient's responsibility</u> to obtain one and it must be presented at the time of service. If you do not have one, then you will have to reschedule your appointment until the time that you obtain a referral. If you choose to see a doctor without the required referral, you may become responsible for payment in full, should your insurance company denies your claim.</p>
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SELF PAY	<p>A Self-Pay Patient is defined as a patient who has no health insurance coverage of any kind, is not eligible for worker's compensation coverage; and has no other responsible party covering the expenses associated with the care received from our clinic.</p> <p>Self-pay patients will be required to pay a <u>\$50.00 deposit towards the cost of the visit</u>, at time of service. If additional charges, such as xrays, are incurred, a 25% discount will be assessed to the patient balance. If the balance is not paid in full, arrangements must be made with our Billing Office. Self-Pay patients are required to make regular payments and will forfeit the Self-Pay discount if they fail to make all required payments due under the Payment Plan.</p>
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APT POLICY	<p>If, for any reason, you are unable to keep your appointment, please call our office at least 24 hours in advance. Failure to cancel an appointment without sufficient notice will result in a \$25 charge to your account. The fee is not covered by any medical insurance.</p>
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SIGNATURE OF PATIENT / RESPONSIBLE PARTY	RELATIONSHIP TO PATIENT	DATE
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