

To our Keystone HMO and Aetna HMO patients:

Before receiving care, it is important to understand the guidelines we must follow in order to treat you. In addition, there are a number of services, which are not covered under your insurance plan, and therefore, you will be charged for these services with payment expected when services are rendered.

Please read the following carefully:

1) An authorization for each visit is required before you are seen. Note that some referrals may allow 2 or 3 visits, though most will only have one visit authorized. We cannot see you without a referral from your primary care physician. Keystone referrals must be used within 90 days from the date of issue. The first visit on an Aetna referral must be used within the first 90 days also, but subsequent visits may be used within the next 364 days.

2) If diagnostic studies are needed, i.e. labs, x-rays, etc., Keystone patients will have to go back to your primary care physician to get a referral for these studies to be done at another facility. HMO patients may take our doctor's script to the appropriate facility for testing. **Keystone/Aetna does not pay for x-rays done in our office** and there is a \$40.00 charge to perform x-rays in our office.

3) No matter how your referral is worded, the regular trimming of corns, calluses, nails or fungal toenails is not covered. (Ingrown nails are covered.) If you elect to have these treated, you will be charged for routine foot care. The only exception to this is for diabetics and people with documented peripheral vascular disease.

4) Orthotics and braces are not covered through our office. A deposit of \$225 is required on all orthotics before casts can be sent to the laboratory for fabrication. The balance must be paid before the orthotics can be dispensed.

I understand the above and agree to pay when a service is designated as non-covered.

Patient signature

Date