## BRANDYWINE FOOT AND ANKLE ASSOCIATES

Podiatric Medicine and Surgery
Dr Vincent J Pongia
Dr Kevin DeAngelis
Dr John Miller

#### **OFFICE POLICY**

Welcome and thank you for the opportunity to provide you with our medical service. We want to make your visit here as pleasant and comfortable as possible. To better serve you, we have prepared the following summary of our office polices.

Please take a few minutes to read the following information and sign the form indicated

### **Financial Concerns**

In general this office participates in most insurance plans as well as a number of managed health plans and health maintenance organizations (HMO's). Medical services are to be paid for at the time of service is rendered unless other arrangements are made in advance. Our billing service will submit covered services to those insurance companies in which we participate.

We expect your copay at check in for your appointment that same day

#### **HMO Plans**

All HMO patients are responsible to have a valid referral for the date of service on which they are being treated. **NO PATIENT WILL BE SEEN WITHOUT A REFERRAL**.

In accordance with HMO guidelines, anyone with out a referral will be held financially responsible for that service. Please be aware that is not the responsibility of this office to inform patients as to the intricacies of how their insurance plan works. As the patient, it is your responsibility to keep track and secure your referrals.

#### Missed Appointments

Please be aware that this office is a very busy office. Appointments are frequently made weeks in advance for patients. It is expected that the patient either keep their appointment or notifies the office of cancellation at least 24 hours in advance. There is a fee of \$45.00 for missed appointments or appointments cancelled with less than 24 hours notice. This policy applies to all patients, including those with HMO insurance.

Please understand that this policy is not for financial gain of the office. We have established this policy in order to provide maximum opportunity for all patients to access to our office.

#### **Surgery Scheduling**

There are many patients who require scheduling of either office or hospital operating room surgery as part of their overall treatment. When patients schedule surgery, the office must set aside large blocks of

time throughout the week to accommodate the surgical needs of our practice. To avoid wasting this surgical time, it is imperative that we establish guidelines for the cancellation of operative procedures .

As such it is expected that any surgical patient notify this office at least 3 DAYS prior to their scheduled surgical time if they wish to reschedule their surgery time, their surgery date or cancel their surgery. Failure to do this will result in a \$350.00 charge that must be satisfied by the patient regardless of insurance coverage.

# **Billing Office**

In the event that you should receive a bill from Brandywine Foot and Ankle Associates or Brandywine Family Footcare. And have questions pertaining to the bill, Please do not call the office as we have limited access to your billing information. All questions regarding billing should be directed to our billing company at 610-910-4808. please be advised that your billing question will be answered in a timely manner. If you want to make a payment by phone you can call either office 610-383-5220 or 610-495-2040

We are committed to providing you with the very best podiatric medical and surgical services available. We maintain 24 hour coverage and can be contacted either here in the offices or through our answering service. It is our pleasure to be service to you.

Signature of Patient	Date
Relationship to Patient (circle one) Self Parent Guardian	Personal Representative
Printed name of Patient, Parent or Guardian	
I acknowledge that I read, understand and accept the offi	ce policies
I reknowledge that I read understand and accept the offi	ao naliaisa
Please check the box below:	