

Cumberland Valley Foot and Ankle Specialists

5148 E Trindle Rd
Mechanicsburg, PA 17050
cumberlandvalleyfootandankle.com
717-763-9581 (fax)
717-761-3161 (phone)

John Gilfert, DPM
Susan Rosso, DPM
Angelique Fugate, DPM
Lindsay Schmoyer, DPM
Anthony Luzzi, DPM

FINANCIAL POLICY

Cumberland Valley Foot and Ankle Specialists, P.C. wants to provide you with the highest quality healthcare while assisting you in affordable treatment. To do this, we need your help. We ask that you please read our financial policy below.


- Insurance information needs to be updated at every visit. As a courtesy to you, we will submit your charges to your insurance for payment. Please have all current insurance cards ready for review at each visit and inform us at check-in of any new or changed information including address, phone number or employment changes.
- Patients with HMO insurance policies must have a valid referral with them for each visit. **It is the patient's responsibility to contact his/her Primary Care Provider for this information.** If a valid referral is not present at your scheduled appointment time, we will need to reschedule.
- **Copays, coinsurance and deductibles are due at the time services are rendered.** Any outstanding balances are also due at this time. We gladly accept cash, checks, bank cards or credit cards (Debit, Visa, MasterCard and Discover). Payment is required at each visit. We do not accept post-dated checks and any checks returned by the bank will be charged a \$25.00 return check fee. If you are unable to pay your copay at the time of your visit, you will be charged a \$10.00 re-billing fee.
- Online Bill Pay through our Patient Portal is available.
- We know that sometimes financial problems occur. Payment plans may be made with the billing department directly; however, these payments must be made in a timely manner and paid in full within six (6) months.
- Custom Products: Failure to pick up custom products within 30 days from initial contact by the office stating that product has arrived will result in the patient and/or responsible party being held financially responsible for the entire purchase price of the custom product. All deposits are non-refundable.
- Patients who do not have insurance will need to pay their entire bill at that appointment unless payment arrangements have been made ahead of time with the billing department.
- It is the patient's responsibility to notify us if you do not want your appointment charges sent to your insurance company. Payment in full is required at the time of visit.
- Any bill not paid by the date it is due may be turned over to an outside collection agency after 90 days. If Cumberland Valley Foot and Ankle Specialists, P.C. needs to use a collection agency or attorney to collect the unpaid amount, the patient may be responsible for all fees and costs.
- **No-Show Policy:** At the discretion of the Office Manager and/or Doctor a \$25.00 charge may be assessed to the patient/guarantor for all no shows. No Show is defined as failure to keep your scheduled appointment and failure to notify our office 24 hours prior to your scheduled appointment. Three No Show occurrences could result in dismissal from the practice.

Thank you for your cooperation and continued patronage. We look forward to serving you. If you have any questions, please contact our Billing Department at (717) 761-3161 ext. 205.

Signature of Patient/Representative

Print Name Signee

Date



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PROTECTED HEALTH INFORMATION DISCLOSURE

The Federal Government has entered into law the Health Insurance Portability & Accountability Act (HIPAA) privacy rule that gives individuals the right to restrict the use and disclosure of their Protected Health Information (PHI). As part of Cumberland Valley Foot and Ankle Specialists, P.C. compliance with the HIPAA Privacy Rule, we will not use or disclose any PHI without your authorization for purposes other than treatment, payment, or healthcare operations, unless HIPAA specifically permits such use or disclosure. **Access to the HIPAA Privacy Notice will be given to the patient and/or his/her representative in paper copy form if requested.** Please review the following carefully and sign as your authorization for contacting you and for release and disclosure of your PHI.

I authorize Cumberland Valley Foot and Ankle Specialists, P.C. to contact me by the following means: (Please check all that apply)

Home telephone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone Number: _____
Home answering machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Work telephone/voicemail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone Number: _____
Cellular phone/voicemail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone Number: _____
Email	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email Address: _____

List of Authorized Person(s) to whom your Protected Health Information can be discussed:

Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____

I understand that I may revoke this authorization at any time by notifying Cumberland Valley Foot and Ankle Specialists, P.C. in writing, but if I do, it will not have any effect on any actions taken by Cumberland Valley Foot and Ankle Specialists, P.C. prior to receiving my revocation. I also acknowledge that I have received notification of the location of the Privacy Practices for Protected Health Information at Cumberland Valley Foot and Ankle Specialists, P.C.

Date: _____

Patient Name (Please Print)

Parent/Authorized Representative Name (Please Print)

Patient Signature

Parent/Authorized Representative Signature