



Boston Common Podiatry Inc.
Dr. Jordana L. Szpiro

264 Beacon Street, 2nd Floor
Boston, MA 02116
Tel: (617)262-2266

Comprehensive Foot Care and Surgery

Patient Referral and Financial Policy

This Office is dedicated to providing you with the best possible care and service. In order to achieve this goal and to reduce confusion and misunderstanding between you and this Office, we have adopted the following referral and financial policies. It is essential that you fully understand them. Please do not hesitate to ask for clarification with any queries/questions.

1. This Office will file your **insurance claim** (provided this Office participates in your plan) for all medically necessary services, as a courtesy. Should your insurance company deny payment, you will be responsible for **paying the balance** before another appointment can be booked. Please contact your insurance company directly should you have any questions regarding charges covered under your insurance plan.
2. All **deductibles** and/or **co-payments** are due at the time of the visit and before you are seen by the doctor.
3. All **referrals** from your Primary Care Physician **MUST** be received by this Office prior to your visit. If you arrive at the Office without a referral in place, you will be required to pay the full amount of the appointment before you will be seen by the doctor. The Office will try to notify you when a referral has run out or expired. It is your responsibility to keep track of this. This office is NOT responsible for processing your referrals from your Primary Care Physician's Office. If your plan requires a referral and you are seen without a referral from your PCP, your signature below indicates you will assume financial responsibilities for services provided.
4. You **MUST** notify this Office immediately of any **changes to your insurance policy** including policy termination, changes in co-payments or a new insurance policy.
5. You are responsible for giving the office **24 hour notice of cancellation**. If you are late, cancel or miss an appointment, you will be charged a fee of \$50 which will need to be paid before you can reschedule or make a new appointment. The Office does have a date and time-stamp voicemail system when messages are left after hours.

This practice complies with all standard HIPAA rules and regulations. "The Notice of Privacy Practices" was provided at your initial consult. You may request an additional copy from the front administrator at any time.

I have read and understand the referral and financial policy of this practice and I agree to be bound by its terms. I also understand that such terms may be amended from time to time by the practice.

Print Patient Name: _____

Patient or Legal Guardian Signature: _____

Date: _____

AS PER YOUR CONTRACT WITH YOUR INSURANCE CARRIER YOU MAY BE RESPONSIBLE FOR A DEDUCTIBLE OR CO-INSURANCE. _____.

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