

John J. Leppard, M.D., F.A.A.O.S., F.A.C.S.
Certificate of Added Qualification in Surgery of the Hand
Salvatore J. Corso, M.D., F.A.A.O.S.
Jeffrey N. Guttman, M.D., F.A.A.O.S.
Michael D. Tauriello, PA-C



Board Certified • Fellowship Trained

- Hand, Upper Extremity & Shoulder
- Hip & Knee Replacement
- Arthroscopy & Sports Medicine
- Ankle & Knee Disorders
- General Orthopaedics Pediatric & Adult
- Back & Neck Pain

John P. Downey, *Administrator*

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fee with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR.

WE WILL REQUEST TO PHOTOCOPY YOUR INSURANCE CARD(S) FOR YOUR FILE.

. **COPAYMENTS** - By law we **MUST** collect your carrier designated copay at the time of service. Please be prepared to pay that copay at each visit.

. **NON CO-PAY PLANS** - If your plan does not require a copay and we participate, we will accept the designated fee. You are responsible for any deductible and balance your plan indicates on their explanation of benefits.

. **REFERRALS** - If your plan requires a referral from your primary care physician it is **YOUR** responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral **YOU WILL BE REQUIRED TO SIGN A FINANCIAL WAIVER**. It is then your responsibility to provide us with the referral as soon as possible.

. **NON PLAN PATIENTS** - Payment is expected at the time of service unless other financial arrangements have been made prior to your visit. Your itemized receipt should be attached to your insurance form and sent to your carrier who will reimburse you directly.

. **MEDICARE** - We will submit to Medicare for the Medicare allowed amount. The patient will be responsible for the deductible and the 20% co-insurance which can be billed to secondary insurance if you have one.

You are responsible for the timely payment of your account.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, AMEX, OR DISCOVER.

THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us specific concerns.

RESPONSIBLE PARTY SIGNATURE _____ DATE _____