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ORTHOTIC FEE ESTIMATE

This orthotic fee estimate is provided so that you will be aware of the fees that we will be billing to your insurance company. This will also inform you of the financial obligation that you will be assuming in the event your insurance company does not cover the services listed below. If you are concerned about insurance coverage, we suggest that you telephone your insurance carrier and ask if the following services are covered benefits under your policy:

PROCEDURE	CPT CODE	FEE
OFFICE VISIT	99213	65.00
BIOMECHANICAL FOOT BRACE, RIGHT	L3000	200.00
BIOMECHANICAL FOOT BRACE, LEFT	L3000	200.00
IMPRESSION CASTING, RIGHT FOOT	A4580/29799	60.00
IMPRESSION CASTING, LEFT FOOT	A4580/29799	60.00
MatScan™ (Optional)	97750	60.00
Video Treadmill Evaluation (Optional)	95999	50.00
Follow Up Office Visit	99213	65.00
TOTAL ORTHOTIC CASE FEE		\$*****

1. A \$_____ deposit is required at time of casting.
 2. MatScan™ and Video Treadmill evaluation are sometimes necessary in special cases and will be discussed with the patient before they are performed. ****Please note that a follow up visit is necessary to check orthotics and make any adjustments.**** Continued care of a patient for a medical condition or injury after dispensal of the orthotics is not covered by the case fee and will be billed to the patient according to the normal policy of this office.
 3. We cannot render these services under the assumption that your insurance company will reimburse us. We are happy to help bill your insurance, but if payment is not received within 60 days, the amount will immediately become due and payable by the patient.
 4. All of these fees cover services and not an intended result of the treatment. No guarantees or assurances can be made regarding the outcome of orthotic therapy.
 5. A \$10.00 charge will be added if orthotics/casts are not picked up within one month for UPS charges.
- I HAVE READ AND UNDERSTAND ALL OF THE ITEMS LISTED ABOVE.

(SIGNATURE OF PATIENT or GUARDIAN)

Date

Office Forms

Initial Office Visit Questionnaire

(Demographic, Medical, Podiatric)

Financial Policies

No-Show Policy

Orthotic Therapy Fee Estimate

Orthotic Therapy Policy and Procedures

Orthotic Fitting, Break-in, and Usage Instructions

Recall Postcard

AFO/DME Receipt

DMEPOS 21 Supplier Standards

Complaint Log/Manager

Recommended Shoes/Vendors

Seal Beach Podiatry Group, Inc.

FINANCIAL POLICY

Our Financial Policy

Thank you for choosing us as your podiatric health care provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of Our Financial Policy which we require you to read and sign prior to any treatment.

TO ALL PATIENTS:

All patients must complete our Information Form before seeing the doctor. Financial arrangements can be made in one of three ways:

CASH:

Full Payment Is Due At The Time Of Service:

We accept cash and checks, Mastercard and Visa.

This allows your account balance to remain current with full disclosure of charges when services are rendered. We offer extended payment plans for patients with prior approval from our financial coordinator.

REGARDING INSURANCE:

We will bill your insurance company for services rendered in this office as a courtesy to you. We will allow 60 days for your insurance company to pay any claims submitted to them. Any unpaid balance or unpaid claims are your responsibility. For regular office visits and treatments, we require payment of your co-payment and/or unpaid deductibles at the time services are rendered. Delinquent accounts are subject to collection procedures and will be assessed a \$50 special handling fee when collection procedures are initiated.

HMO INSURANCE:

If you are a member of an insurance plan that requires authorization to see a specialist, we ask that you contact your primary care physician for a referral to our office. This process is required for your initial office visit as well as follow-up visits or surgeries and may take 2-3 weeks to obtain. Patients who arrive at our office without proper authorizations will be re-appointed when authorization is obtained.

Follow-up visits should be scheduled with ample time to arrange for authorizations for those visits. Co-payments and deductibles are also due at the time services are rendered.

**If you require immediate medical attention, you must contact your primary care physician for an emergency referral to our office.

MISSED APPOINTMENTS:

When a patient misses a scheduled appointment, it deprives our office the opportunity to provide services to others needing our care. Often times, there is a waiting list of patients desiring treatment in our office. We try to accommodate these patients with openings created from cancellations. Therefore, if you foresee a reason for having to cancel your appointment, we request that you give us at least 24-hour notice. We can then offer your appointment to others needing our care.

We make every effort to assure that you will be reminded of a scheduled appointment in our office. *In the event that a patient misses an appointment, it is our policy to charge the patient for the missed office visit fee.*

Please help us serve you better by keeping scheduled appointments or calling our office with 24-hour advanced cancellation notice: 562.493.2451

I have read and understand the financial policies as described above.

X _____ Date: _____

(SIGNATURE OF PATIENT OR RESPONSIBLE PARTY)

INSTRUCTIONS FOR PATIENTS RECEIVING ORTHOTICS

Dear Patient,

On today's visit you will be casted for custom functional foot orthotics as part of a treatment plan recommended by your doctor. Once the casts are taken, your doctor will evaluate the cast and then complete a detailed prescription for the laboratory to fabricate your custom functional foot orthotics to meet your specific needs. The casts are shipped to the laboratory via courier service.

The fabrication of your custom foot orthotics is a time-consuming Process. It takes approximately four to five days of laboratory time to complete the multiple-step processes. Depending on the individual deformities and alignment problems we are trying to correct, the exact fabrication time can vary. For this reason, it is difficult for us to predict exactly when the orthotics will be shipped back to our office via courier. Normally, turn-around time from the day of casting of your feet to return of the orthotics to the office is seven days. Sometimes, turn-around time can be as long as ten to fourteen days.

Our office staff will make an attempt to contact you as soon as possible after our office has received the orthotics. Depending on the workload of our office staff, and the usual challenge of reaching our patients during daytime hours, we may not be able to make contact with you for several days after the orthotics have arrived in our office. For this reason, to expedite your receipt of the orthotics promptly, we request that you telephone our office eight days after the day of casting.

Our office staff will confirm whether or not the orthotics have been received in our office. As a courtesy, we will allow you to come into the office for dispensal of the orthotics at your convenience without a firm appointment. On this visit, we request that you bring any shoes with you that you intend to wear your orthotics in. You will receive full fitting instructions on that visit as well as a schedule of break-in your orthotics for day-to-day use. If we have not been able to make contact with you thirty day after receipt of the orthotics in the office, we will ship the appliances to your home with an appropriate shipping charge applied to your account.

An appointment with the doctor is not necessary for the dispensal of your orthotics.

PLEASE NOTE-PATIENT MUST BE PRESENT FOR DISPENSAL OF ORTHOTICS.

After you receive your orthotics, a follow up appointment will be scheduled with the doctor. This appointment is important and will require 24 hour notice if it must be cancelled.