Notification of Office Policies and Procedures

Foot & Ankle Health Center, LLC DBA Groves Foot & Ankle (hereinafter referred to as "GFA")

1. Appointments: To allow for greater access of care, our physician is available by appointment during posted hours.
2. Emergency/after hours: During a medical emergency, patients should call 911 or proceed to nearest emergency room. On-call physicians should be paged for post-operative complications and other urgent situations.
3. Refills and Medication: Refills are completed via a pharmacy request. Contact your plan regarding your drug coverage.
4. Messages: Phone messages and e-mails are returned typically within 1-2 business days of receipt.
5. Benefits: GFA will reiterate the benefits that were disclosed to us by your insurance plan. We will then collect based on the benefit level all applicable copays, deductibles, coinsurances and balances that apply at the time of service or at the pre-operative appointment.
6. Payment: GFA accepts VISA, MasterCard, AMEX, Discover, Cash or Checks. Our office does not accept temporary checks and we will contact the bank directly to verify checks over $500.
7. Insurance Claims: GFA files claims electronically for the patient's primary contracted plan and accepts payment via the patient's assignment. GFA only files secondary claims for Medicare patients; non-Medicare patients may request itemized statements to file to multiple carriers.
8. Multiple Policies: When multiple policies exist, it is the policy holder's responsibility to inform GFA of their primary plan. Delayed filing to the primary plan can result in violating timely filing limits, resulting in a denial of service and full patient financial responsibility.
9. Insurance Networks: GFA only files claims to carriers whom we have a contractual relationship; our in-network list is available upon request or on our website. We **are not contracted** with some Medicare replacement plans.
10. Liability Claims: GFA does not accept personal injury protection, and letters of protection or other liability claims. These types of claims are to be paid in full by the patient.
11. Non-Covered Services: GFA will not submit claims for non-covered items including, but not limited to cosmetic services and over the counter convenience items.
12. Referrals: GFA may refer patients to other providers, facilities, and labs. GFA is not responsible for these entities. The patient should contact these non-GFA providers, facilities or labs directly regarding any billing questions. The policy holder is also responsible for all insurance prior authorizations and/or managed care referrals necessary for payment to GFA.
13. Missed Appointments: A $50 charge may be applied for appointments broken or canceled without 24 hours advanced notice.
14. Appointment Hold: Repetitive broken appointments, non-compliance, hostile behavior, and/or financially deficient accounts will result in appointment hold and/or the termination of Groves Foot & Ankle Doctor-Patient relationship. 30 days' advance notice will be given should the situation result in a transfer of the patient's care.
15. Patient Balance Statements: GFA will send a remainder or balance statement to the patient when the benefits have been misrepresented or paid by the carrier.
16. Delinquent Accounts: Past due accounts are subject to collection proceedings and are reported to the credit bureau. All collection fees, attorney fees and court fees shall become the patient/guarantor's responsibility in addition to the balance due the office.
17. Returned Checks: A $25.00 fee will be assessed on all returned checks. Any NSF or Closed Account will result in future services on a pre-pay cash or credit basis. The District Attorney's Office will prosecute unresolved checks.
18. Refunds: GFA issues patient refunds by check within 30 days of a completed investigation of the potential overpayment, as long as other outstanding accounts have been resolved.
19. Returns: Only unworn and non-custom items are returnable within 14 days of receipt, if no visible signs of wear, tear, or odor. Custom items are tailored to meet individual needs; custom items are non-returnable, non-refundable.
20. Medical Records: The cost for copied medical records and completion of disability forms will be charged $50.00 to the patient and collected prior to replicating. The fees for these services are regulated by HIPAA and Louisiana Health and Safety Code.

Authorization from Patient or Legal Representative

Foot & Ankle Health Center, LLC DBA Groves Foot & Ankle (hereinafter referred to as "GFA")

1. Consent to Treat: The undersigned consents to any initial or follow-up evaluations, examinations, x-rays, laboratory procedures, other tests, medications, medical treatment, surgery, physical therapy, home instructions, orthotics, other durable medical equipment, photographing and/or videotaping and/or other services rendered to the patient by GFA and its providers. The undersign agrees that it is their responsibility to contact and/or schedule with GFA for any follow up visits, other services, prescriptions and items ordered for the patient. The undersigned also understands that GFA's providers exercise their care with reasonable skill and diligence, but make no guarantee as to the results or cure that will be attained.

2. Assignment of Benefits: I hereby irrevocably assign, transfer and convey to GFA and any practitioner providing care and treatment to me/my child, any and all benefits and all interest and rights (including causes of action, the right to enforce payment and the right to appeal an adverse benefit determination) to which I am entitled under an employee benefit plan sponsored by my employer, all insurance policies, benefits, any third-party reimbursement, or prepaid health care plan for services rendered or products I received from GFA.

3. Medicare Assignment: I certify that the information given by me in applying for payment under XVIII of the Social Security Act is correct and agree to complete the Medicare screening form annually. I authorize the release of information concerning me to the Social Security Administration or its intermediaries as well as any information needed for filing a Medicare claim; I request that payment and authorized benefits be made on my behalf. I assign benefits payable for services to GFA.

4. Authorization to Release Information: I consent and authorize GFA and its agents to release my health information for the purpose of payment, treatment, and healthcare operations to any of the following: insurance company and its affiliates, any practitioner, support staff or facility involved in my plan of care or transfer of care. In addition I understand that the potential uses and disclosures of my Health Information are detailed in the Privacy notice. The HIPAA Notice of Privacy Practices are available in the office and posted in the lobby. I have read/had the opportunity to read my HIPAA rights, which include GFA's fees for records.

5. Designation of Authorized Representative: I designate and appoint GFA (and its agents) as my authorized representative and authorize it to act on my behalf to 1) request and receive a copy of the summary plan description, 2) pursue a benefit claim, 3) appeal an adverse benefit determination, and/or 4) file a legal/equitable action to recover benefits from my employee benefit plan, insurance policy, and any third-party reimbursement or prepaid health care plan. I understand and agree that my authorized representative shall have full authority to act, and receive notices, on my behalf with respect to an initial determination of the claim for health benefits relating to treatment and health care services received by me/my child at GFA, any requests for documents relating to this claim and appeal of an adverse determination of the claim.

6. Financial Agreement: I hereby promise to pay for all products received or services rendered to me/my child to the extent I am legally responsible for such payment. According to the language of the physician's insurance contract, I understand that I am responsible for all health insurance copayments, deductibles, coinsurances, OTC-over the counter convenience items and NCS-noncovered services and any other amounts that apply at the time of service or at the pre-operative appointment. Regardless of the assignment of benefits, should the insurance misrepresent their coverage or delay payment of a claim greater than 60 days, as the designated responsible party, I am responsible for the for all monies owed to GFA. I also understand that the insurance policy is a contract between me and the insurance company; therefore, the policy holder should contact the insurance carrier first when there are questions regarding explanation of benefits.

The undersigned certifies that he/she has read and understands the foregoing statements 1-6, and is either the patient, or is duly authorized by the patient as the patient's general agent to execute the above and accepts its terms. This document shall remain in force until a written revocation by me is delivered to GFA.

7. Authorization-Communication with Others: I hereby authorize my physician and his staff to communicate with the following people about my test results and other aspects of the care I received in the office, and I also hereby allow them to pick up prescriptions or samples of my medications if authorized and approved by my physician.

Groves Foot & Ankle
323 S Tyler Street, Covington, LA 70433
Phone: (985) 867-9605

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1998 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment r health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name _____

Relationship to Patient_____

Signature _____

Date _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on the Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date:_____ Initials:_____Reason:_____

Print Form

Groves Foot & Ankle*

Patient Appointment Policy

Given the nature of healthcare today more patients are seeking care for more limited appointment times. If your appointment needs to be cancelled, please call 24 hours in advance or sooner in order to allow for scheduling of patients that request an appointment. If your appointment is missed your account will be placed in the **"No Show Status".** There will be a **$50** no show fee for missed appointments. After the third no show instance, it will be discussed that you may consider another provider with different clinic hours.

***Foot & Ankle Health Center, LLC DBA Groves Foot & Ankle**