

Foot and Ankle Specialists of South Jersey

117 White Horse Road, Voorhees, NJ 08043 ♦ 811 Sunset Road, Burlington, NJ 08016
30 Jackson Road, Medford, NJ 08055 ♦ 728 Marne Highway, Moorestown, NJ 08057

OFFICE POLICY

It is the intention of the personnel of our office to provide you with the optimum in foot and ankle healthcare. We pledge to you modern proven techniques to correct your foot and ankle problems.

Your feet are the foundation of your body and should be examined periodically to control and prevent foot disorders. Common foot problems treated in this office include sports injuries, fractures, sprains, arch disorders, warts, bunions, hammertoes, heel and bone spurs, pediatric problems and reconstructive foot and ankle surgery.

The initial appointment is spent conducting a thorough examination. It includes a clinical evaluation of the foot and a comprehensive medical history. Every effort will be made to relieve your discomfort on this first visit. Our charge for this initial office visit ranges from \$90.00 to \$135.00. Additional services and their respective fees will be discussed at your request.

As a courtesy to our patients we will submit your claims to your insurance company provided your plan is one Foot and Ankle Specialists of South Jersey participates with. **Patients covered by medical insurance requiring a co-payment will be required to submit payment at the time of their visit. Patients not covered by insurance, or for a procedure not covered by your particular insurance, will be required to submit payment in full at the time of service.**

I have read and fully understand this office policy. I authorize the Foot and Ankle Specialists of South Jersey to undertake treatment in regard to any injuries that I may have incurred. I am aware that I am financially responsible to this office for any amounts due and not covered by my insurance carrier, and/or provider with whom I have coverage. Additionally, I recognize that if litigation becomes necessary to collect for services rendered and/or materials supplied to me that I will be liable for any amounts due and owing as well as any reasonable court costs and attorney fees that are necessary to collect this debt.

PATIENT/GUARDIAN SIGNATURE

DATE

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PAYMENT ORDER SHEET

I HEREBY AUTHORIZE YOU TO PAY DIRECTLY TO DR. FRANK J. TURSI AND/OR JOSEPH V. DONNELLY AND/OR MANDI F. STRANIX AND/OR FOOT AND ANKLE SPECIALISTS OF SOUTH JERSEY BENEFITS DUE TO ME OUT OF INDEMNITY UNDER THE TERMS OF MY POLICY ISSUED BY YOUR COMPANY.

PAYMENT IS AUTHORIZED UPON YOUR RECEIPT OF THIS ITEMIZED STATEMENT FOR SERVICES RENDERED TO ME. THIS POLICY WAS IN EFFECT AT THE TIME THESE SERVICES RENDERED. PAYMENT OF THIS AMOUNT HEREIN DIRECTED, IN WHOLE OR PART, SHALL BE CONSIDERED THE SAME AS IF PAID, BY YOUR COMPANY, DIRECTLY TO ME. PLEASE ALLOW THIS FORM, WHEN COPIED, TO SERVE AS THE ORIGINAL.

INSURED: _____ POLICY NUMBER: _____

ADDRESS: _____

LEGAL SIGNATURE: _____ DATE: _____

I FURTHER AUTHORIZE THE PAYMENT OF _____, MY SECONDARY AND/OR MEDIGAP MEDICAL BENEFITS TO DR. FRANK J. TURSI AND/OR DR. JOSEPH V. DONNELLY AND/OR DR. MANDI F. STRANIX AND/OR FOOT AND ANKLE SPECIALISTS OF SOUTH JERSEY.

INSURED: _____ POLICY NUMBER: _____

ADDRESS: _____

LEGAL SIGNATURE: _____ DATE: _____

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I have received and read a copy of the Joint Notice of Privacy Practices under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) from the Foot and Ankle Specialists of South Jersey **(PLEASE SEE ATTACHED)**.

Signature

Date

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Foot & Ankle Specialists (F.A.S.) Joint Notice of Privacy Practices Effective Date April 14, 2003

This notice describes how personal health information about you may be used and disclosed and how you can get access to this information. Please review carefully.

This Joint Notice of Privacy Practices is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") It is designed to tell you how we may, under federal law, use or disclose your protected health information. It covers all F.A.S. facilities, physicians, employees, medical students & residents. This joint notice applies to all Protected Health Information maintained by F.A.S., including all records of your care.

How we may use or disclose your Protected Health Information. Federal and State Law Implications:

HIPAA is a federal law, which places limitations on the types of uses and disclosures health care providers, and others may make of Protected Health Information. F.A.S. will abide by these regulations as they pertain to Protected Health Information.

Uses & Disclosures under HIPAA:

1. We may use or disclose your Protected Health Information for the purposes of treatment, billing and to receive payment, or healthcare operations without obtaining your prior authorization.
2. Protected Health Information will also be used without prior authorization in the following circumstances: To notify and/or communicate with your family. As required by Law, in response to subpoenas or for judicial and administrative proceedings, for research, for worker's compensation, for appointment reminders, and to appraise your physicians of your podiatric and medical care.
3. Required uses and Disclosures: Under the law, disclosures must be made to you, upon your request and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with HIPAA regulations.
4. For all other circumstances, we may only use or disclose your Protected Health Information after you have signed an authorization.

Your rights with Respect to your Protected Health information:

1. You have the right to request restrictions on the uses and disclosures of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for treatment, payment, or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Joint Notice, Your request must be in writing and addressed to our privacy officer and state the specific restrictions.
2. You have the right to request, in writing your Protected Health Information through confidential means.
3. You have the right to inspect or obtain a copy of our Protected Health Information and F.A.S. Will charge a reasonable fee for copying the records.
4. You have the right to obtain an accounting of disclosures of your Protected Health Information made by us except that we do not have to account for disclosures made prior to April 14, 2003. The right to receive an accounting of this subject to exceptions, restrictions, and limitations.
5. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact our Privacy Officer.

Our Duties to You:

We are required by law to maintain the privacy of your Protected Health Information and to provide you with a copy of this notice.

We are also required to abide by the terms of this notice.

We reserve the right to amend this notice at any time in the future and to make the new notice provisions applicable to all your Protected Health Information-even if it *was* created prior to the change in this notice. If such an amendment is made, we will immediately display the revised notice in our office and will provide you with a copy of this at any time upon request.

How to Complain to the Government about our Privacy Practices:

You may make complaints to the Secretary of the Department of Health and Human Services if you believe your rights have been violated. You may contact DHHS at:

The Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1 (202) 619-0257 or Toll free 1(877) 696-6775

We promise not to retaliate against you for any complaint you make to a governmental agency pertaining to or about our privacy practices.

How You May Contact Us about our Privacy Practices:
Please contact our privacy officer at (856) 435-4000.