



Podiatric Physicians and Surgeons
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Phone: (503) 245-2420

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Fax:(503) 245-2445

- Conservative and*
- Surgical Treatment of:*
- Ankle/Foot Arthritis*
- Ankle /Foot Fractures*
- Ankle/Foot Sprains*
- Bunions*
- Chronic Join Pain*
- Congenital Deformities*
- Flat Feet/High Arch*
- Hammertoes*
- Heel Pain*
- Infections (Bacterial, Fungal , Viral)*
- Ingrown Nails*
- Nerve Problems/Neuromas*
- Orthotics*
- Revisiional/Redo Foot & Ankle Surgery*
- Sports Injuries*
- Tendon Problems/Tears*

Payment Policy

Initials

Patient Responsibility:

Patients are responsible for all charges resulting from treatment provided by Westside Foot & Ankle Specialists. Payment is due in full within 30 days of receiving your first statement unless other financial arrangements have been made with the Business Office.

Co-pays:

All co-pays, if required by your plan, are due at the time of service for each visit.

Payment Arrangements:

All patients will be required to pay their balances within 30 days of receiving their first billing unless payment arrangements have been made with the business office. Please Contact our business office as soon as possible after receiving your statement if payment arrangements are needed, 503-245-2420.

Uninsured Patient Deposits:

Patients without insurance will be required to make a deposit at the time of the visit for all appointments, as follows:

New Patient Office Visits: \$120	Procedures: \$100
Return Patient Office Visits: \$50	Surgery: 50% of the total cost

Referrals & Preauthorizations:

Our office will attempt to acquire a referral from your primary care doctor if your health plan requires one. Referrals can be difficult to obtain. Please be aware that if you choose to be seen before you have received a valid authorization, your insurance may not pay for the visit. If you are having a procedure that requires prior authorization, our office will obtain this for you. We cannot guarantee payment for services or quote benefits from your health plan. Patients are ultimately responsible for knowing their coverage limitations and benefits.

Insurance Billing:

As a courtesy we will bill your primary and secondary insurance for you. However, primary responsibility for the account is yours. Providing correct insurance billing information is the responsibility of the patient. If your insurance changes, please present your new card at your visit. If you do not have your insurance card with you at the time of your visit you will be billed for the services.

Collections:

We reserve the right to send accounts with a balance that been outstanding over 60 days from the date of service or the date of payment received from your insurance provider, whichever is more, to a collection agency.

By signing below, I am stating that I understand the above information pertaining to the payment policy at Westside Foot & Ankle Specialists and agree to adhere to the patient responsibility requirements.

Patient Signature

Date

Patient Name (please print)

Date of Birth