



Welcome to our practice!

Welcome to our office. Thank you for choosing us for your healthcare needs. We aim to provide you with the best of care. Because we are a private practice, not owned by a large healthcare entity or a large group of physicians, we are able to practice medicine the way it should be practiced. Dr. Pedersen spends the time needed with his patients to provide a comprehensive and thorough exam, answering any questions you have.

The enclosed handouts are your copies of the office policies you will be signing today to establish yourself as a patient. **Please take the time to read & understand them.** Many of your questions about our office policies can be found in one of these:

- Billing Agreement FAQ's
- Office Policies
- Notice of Privacy Practices

Please help us help you by informing us of any changes to your health insurance, address, or medical history (including prescriptions) when you come for a visit.

You may access your records from our office by creating a Patient Fusion account at <https://my.patientfusion.com>. If you'd like a link emailed to you please ask the receptionist during your registration process.

If you're happy with your visit today please "like" us on our facebook page:



<https://www.facebook.com/OldhamCountyFootandAnkle>





**IT IS THE POLICY OF OLDHAM COUNTY FOOT & ANKLE, PLLC TO REQUIRE EITHER
A CREDIT/DEBIT CARD OR HSA/FLEXIBLE SPENDING CARD
TO BE KEPT ON FILE FOR ALL PATIENTS.**

- **WHY DO YOU NEED TO STORE MY CREDIT CARD?**

In order for our practice to run properly and meet all our expenses, we require payment for services rendered. With the changes in healthcare plans and increase in deductibles, balances (either all or a portion) are often the responsibility of the patient after their claim has been processed. We have had many patients (40 % consistently) come to our office, receive services, and never pay us. This not only costs our practice for non-payment of services rendered, but administrative & legal fees in an attempt to collect payment.

- **WHAT IS THE NAME OF THE COMPANY YOU USE TO STORE MY CARD INFORMATION?**

The product/service we use for storing your credit card and to process all payments is the Square Terminal (Square, Inc). Square keeps payment information safe by encrypting all information (whether a payment, or storing information) as soon as it's received. Square monitors all transactions to detect suspicious behavior. Square card-processing applications adhere to Payment Card Industry (PCI) Data Security Standard (Level 1) and is Compliant & Cyber Security Insured.

- **WILL SQUARE SHARE OR SELL MY INFORMATION STORED?**

Square will not rent or sell your personal information to others. The only information shared is that required for the purpose of processing payments to verify identity and detect possible fraudulent activity.

- **WILL YOU CHARGE MY CARD WITHOUT NOTIFICATION?**

NO. If you have health insurance, your claim will be submitted. If after your claim has been processed there is a balance due, you will be sent a bill. Our bills are due upon receipt. If payment is not received by the date indicated on the bottom of the billing statement (14 days following the statement date), balance due will be run to the credit card stored on file. As long as payment is received BEFORE the date indicated, your card will never be charged.

- **WHAT CAN BE CHARGED TO CARD?**

Your stored card can only be used for expenses incurred at our office.

- **WHAT INFORMATION IS VISIBLE TO YOUR EMPLOYEES?**

Your credit card information will be limited to the last four digits of the card number, and the expiration date. NO EMPLOYEES IN OUR OFFICE WILL HAVE ACCESS TO YOUR CARD NUMBER. We do not keep a copy of your card or card information anywhere in our office.

- **WILL I RECEIVE NOTIFICATION IF MY CARD IS USED?**

If you have an email address on file, you will be notified anytime your card is charged, and if there are any changes made to your stored customer information. Square does a very good job of keeping you informed at all times.

- **CAN I USE MY STORED CARD ON FILE FOR MY OFFICE VISITS?**

It is preferred that you present your actual card for payment in the office during a visit. For certain circumstances, we can use your stored card on file, but as a general rule you will always be asked to present your card for any payments.

- **IF I REMOVE MY CREDIT CARD ON FILE WILL I STILL BE ABLE TO BE SEEN AS A PATIENT?**

If you remove your card on file, we reserve the right to refuse further medical treatment as it is a violation of our Billing Agreement.

OFFICE POLICIES

(PATIENT COPY)

NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read and understand the notice.

APPOINTMENT CANCELLATION & NO SHOW POLICY

CANCELLATION FEE: A fee of **\$50.00** will be charged if patient/responsible party does not contact OCFA at least **24 hrs** before scheduled appointment. For Monday appts, patient/responsible party must contact OCFA on the Friday before (i.e. if appt is 10:00am Mon, you must call by 10:00am the Fri before).

NO SHOW FEE: A fee of **\$50.00** will be charged if patient fails to show up for scheduled appointment. After the 3rd No Show, patient will be dismissed as a patient at Oldham County Foot & Ankle. Fees subject to change without notice.

PAYMENT POLICY

INSURANCE: Every attempt will be made to bill your insurance for services rendered. If any portion of your claim has been denied for payment by your insurance company, we reserve the right to bill the patient/guarantor/responsible party for the charges not paid by the patient's insurance company. ALL charges incurred are the sole responsibility of the patient/guarantor/responsible party regardless of insurance coverage. Some insurances limit the number of procedures they will pay for in one visit. If your insurance is one of these, the patient/guarantor/responsible party will be billed for the non-covered procedures. It is the responsibility of the patient/guarantor/responsible party to know if our provider is participating in their plan and is In-Network, and their copay/deductible/coinsurance information.

ACCOUNT BALANCE: All account balances must be paid in full before patient can be seen for an additional scheduled visit. If you have an account balance due at your next appointment and are unable to pay, you will be asked to reschedule your visit until you can pay your balance in full. Any account balances older than 90 days old will be sent to a collections agency.

RETURNED CHECKS: All returned checks will result in a \$25.00 bounced check fee and patient/guarantor/responsible party will be changed to a "Cash or Credit Card" only status for payments.

REFUNDS: Payments resulting in an account credit are processed as follows. If a patient is still under our treatment the credit will be applied to their future appointments until all claims & treatment have been completed. For patients that have completed treatment refunds are processed on a monthly basis.

TREATMENT OF STAFF POLICY

Patient care is of the upmost importance to us. So is the treatment of our staff. Any behavior we deem as mistreatment (i.e. condescending remarks, disrespect, impatience, demanding/rude/repeated phone calls) will not be tolerated and may result in a dismissal from our care. If you have an issue with a member of our staff, please contact the office manager.



OLDHAM COUNTY
FOOT & ANKLE

6400 Westwind Way Ste B, Crestwood, KY 40014 | Phone/Fax (502) 276-9999

Rev. 1/1/19

NOTICE OF PRIVACY PRACTICES

(PATIENT COPY)

USES AND DISCLOSURES OF HEALTH INFORMATION:

We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

USES AND DISCLOSURES BASED ON YOUR AUTHORIZATION:

We will not use or disclose your health information without your written authorization.

USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION:

In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public health and safety;
- To government agencies for purposes of their audits, investigations and other oversight activities;
- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas or as otherwise required by law.

PATIENT RIGHTS. AS OUR PATIENT, YOU HAVE THE FOLLOWING RIGHTS:

- To have access or and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made on your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.



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