

The Advanced Footcare Center
90 South Ridge Street Suite LL7
Rye Brook, New York 10573
Phone: 914-937-7077 Fax: 914-937-7677

Obligations that we have.

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available there.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to:
David P. Rosenzweig, DPM, 90 South Ridge Street Suite LL7, Rye Brook, New York 10573
914-937-7077.

No retaliatory action will be taken against you for any complaint you may make.

I have received a paper copy of this notice

Signature

Print Name

Date

I make the following special request for confidential communications:

Signature

Date

THE ADVANCED FOOTCARE CENTER
90 South Ridge Street – Suite LL7
Rye Brook, New York 10573

ADVANCED NOTICE THAT YOUR INSURANCE COMPANY WILL NOT PAY FOR
ALL SERVICES

Patient's Name

Date of Birth

Chart Number

Dear Patient:

- Your Insurance Company **does not pay** for all of your health care costs. Your Insurance only pays for covered benefits. Some items and services are not covered benefits and your insurance will not pay for them.
- When you receive an item or service that is **not a covered benefit, you are responsible to pay for the services.**

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. Before you make a decision, you should read this entire notice carefully.

Ask us how much these items or services will cost you. Supplies or items dispensed to you in the office by the doctor or his staff are a chargeable item(s) and you will be required to pay for same.

PATIENT'S AGREEMENT: I have been notified by my doctor that, my insurance is not likely to pay for the services identified. I agree to be personally and fully responsible for payment.

Signature of Patient: _____ Date of Service: _____

Provider Name: _____ Address: _____