

Save Your Sole Foot & Ankle Specialists

Emily Webb, DPM Evie Plummer, DPM Tucker Worthen, DPM

1927 Wilmington Dr. Suite 102
Fort Collins, CO 80528
(970) 416-9009 Fax (970) 416-9010

1220 W. Ash St. Suite A
Windsor, CO 80550
(970) 416-9009

Clinic Policies

In order to best serve our patients and families, the following policies have been implemented:

Financial Policy

All co-pays are due and will be requested at the time of service. We currently accept cash, checks, or credit cards for payment.

Insurance is designed to cover some of the costs of health care. Because there are so many insurance companies and plans, it is impossible for us to have complete knowledge of them all.

Insurance is a contract between you and your insurance company. We are **not** a party to this contract. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, or other matters regarding reimbursements. Your insurance benefits depend upon what you or your employer has negotiated with the insurance company and the amount you choose to pay in premiums. When your insurance “authorizes” or “covers” a service or medical supply, it does not guarantee your insurance company will pay. It is your responsibility to know your insurance coverage and benefits.

If your insurance carrier denies reimbursement, you will be financially responsible for the full amount. If your insurance carrier does provide partial reimbursement, you will be financially responsible for any unpaid deductible, co-insurance, or balance as stipulated in your plan provisions.

If your insurance changes and we do not have your new insurance information, you will be billed for all charges until we receive a copy of your new insurance card. If your insurance requires a referral for you to see a specialist, it is your responsibility to make sure that the referral is in place before your visit with us.

It is important for you to understand that you are ultimately responsible for payments to your account.

Medical Records Authorization

I authorize Save Your Sole Foot and Ankle Specialists to access and use the protected health information from UC Health and/or Banner Health systems. Protected health information includes your complete health record including but not limited to: chart notes, radiology images, MRI images, lab test results and medication list.

Medical Records Policy

A minimum of seven working days is needed to release medical records or x-rays from the request date. All requests must be in writing. Please refer to our Medical Records Release Form for detailed information on costs and instructions.

Prescription Refill Policy

We request three working days on all prescription refills. We do not refill prescriptions on holidays or weekends as the on-call physician may not have your medical record.

Colorado Prescription Drug Monitoring Program (PDMP)

If you receive a prescription for a “controlled” (Schedule II through V) drug, most commonly used for post-op pain management, this information will be entered into the Colorado PDMP database. This information is shared and may be accessed by the health providers who will and have prescribed you these medications.

Appointment Policy

Appointments are scheduled at times mutually convenient to the patient and doctor. We understand that urgent or emergent situations arise which may prevent you from keeping an appointment. If you are unable to keep a scheduled appointment, please call to cancel more than 24 hours ahead of your appointment time so that your allotted time may be offered to another patient. Patients who are more than 10 minutes late may need to be rescheduled. Our staff reserves the right to reschedule appointments.

A \$75.00 fee is charged if you do not show up for your appointment or cancel within 24 hours of your appointment. The \$75.00 fee must be paid before another appointment can be scheduled for you.

If you have a contagious symptom such as a cold or flu, if possible, please call to reschedule your appointment. We want to be considerate of other patients' well being as many of our elderly patients may have a weaker immune system. Thank you for your understanding.

Emergencies do arise in a medical clinic. We apologize for any inconvenience or delays should they occur. We will attempt to notify our patients in a timely manner should your appointment be delayed or changed. Your understanding and patience is greatly appreciated.

Treatment Policy

We think it is important that you follow the instructions given by your doctor. Incompliance or lack of proper follow-up leads to problems and complications that can be prevented. Compliance and appropriate feedbacks are crucial for successful treatment.

Communication Policy

Please call our office with questions you have. Even though our EHR, Practice Fusion has messaging ability, we do not read or respond to Practice Fusion messages.

Mutual Respect Policy

Our staff performs tasks to the best of their ability. They make a sincere effort to treat every patient with respect and professionalism. Please treat all members of our staff with the same courtesy you would expect from them. We reserve the right to terminate any patient who we feel has violated this policy.

By signing this form, I acknowledge and agree to the *clinic policies*.

Patient name (print): _____

Signature: _____ Date: _____

Relationship to Patient (if minor or incapacitated): _____