

## OFFICE POLICY FOR ALL PATIENTS

Dr. Jacob S. Heydemann has enrolled in numerous insurance programs so that we may satisfy the needs and request of our patients. All insurance plans vary in order for us to provide you with complete care from the moment you walk through our doors, we ask you, **the policy holder**, to be aware of your insurance plan.

Because of the intricacies of all different insurance plans/policies, it is extremely difficult for us to keep up to date with the specific coverage and requirements of each and every plan, without your full cooperation. Please understand that each plan has different stipulations pertaining to:

- DME(crutches, fracture boots,injections,knee immobilizers,etc.)
- Referrals and **AUTHORIZATIONS** (which may be required according to your plan)
- Annual deductibles
- Co-payments
- Plans that do not cover out of state
- Medicaid referrals are required every 3 months from **PRIMARY PHYSICIANS** unless
- it specifically indicates validation dates

It is very important that you, the patient come into our office with all of the required documentation and be fully aware of how your plan works prior to the time of your scheduled appointment. You may be billed for any uncovered services or your unmet deductibles. You, the patient are the policy holder and it is your responsibility to know your insurance plan.

**GIVING YOU THE BEST ORTHOPAEDIC CARE IS OUR GOAL,HOWEVER, WE NEED YOUR COOPERATION TO ATTAIN IT.**

I have read and understand the office policy stated above and by signing below, I agree to accept responsibility for any non-covered services.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date