

Please read office
policy before signing

Please arrive 20 minutes
before your scheduled
appointment time

DR. CYNTHIA S. FERRELLI, D.P.M.
330 Harris Hill Road, Suite B
Williamsville, NY 14221

OFFICE POLICY

PLEASE NOTE: Due to NYS OSHA Regulations, children are not allowed in treatment/exam room unless they are the patient.

The following insurance plans are NOT accepted by our office: Community Blue Child Health+, Community Blue Family Health+, Community Care, Fidelis Care, Univera Med+, Univera Community Health, Medco, GHI, GHI HMO Family Health+, GHI Total Freedom, Child Health+ or Medicaid, Med Net (Galaxy Health), Human MCR or Gold Choice, Sterling Option, Health Net Pearl Options, MVP. Please notify our office as your appointment will have to be cancelled, or you may pay out of pocket.

I am aware that copays are payable on the day of service in the form of: cash, check, or money order. **WE DO NOT ACCEPT CREDIT, DEBIT OR FLEX CARDS.** If I have Independent Health or Empire Plan insurance, I am to bring enough funds to cover 2 co-pays (one for your visit and one for x-rays, **if needed**). Since I am seeing a specialist, my co-pay may be higher than when seeing my primary care physician and this is not always specified on my card. Additional funds may also be needed to purchase medical supplies which are **NOT** covered by insurance.

If I require a referral with my insurance, I am responsible for obtaining one from my primary care physician. If I do not have a valid referral, I will be responsible for payment for that visit, or I may reschedule my appointment.

I realize that I may have a health insurance deductible that needs to be met first before my medical services are covered.

I authorize the release of any medical information about me to the proper agency to determine medical benefits. I authorize payment of medical benefits to be made directly to Dr. Cynthia Ferrelli and accept responsibility for any remaining balances not covered by my insurance.

If my checking account has insufficient funds, I will incur a \$20 service charge.

I have 30 days to pay any balances. After 2 billing cycles without payment, my account will be automatically be paid by my on file Visa or Master Card.

The office usually provides a courtesy reminder call when your appointment is approaching. It is my responsibility however, to keep track of my appointments. Do not rely solely on this phone call.

I realize that I am responsible for my health insurance coverage and despite the fact that I may inadvertently receive incorrect information, or misinterpret information; I am still solely responsible for any non-covered fees.

I agree to pay the \$40 fee incurred for any missed appointments (barring an emergency) in which I do not notify the office 48 hours in advance. You may leave a voice mail message. If not paid within 14 days this will be sent to collection.

Signature

Date