

Please read office policy
before signing

Dr. Cynthia Ferrelli, D.P.M., N.M.D.
330 Harris Hill Road – Suite B
Williamsville, NY 14421
OFFICE POLICY

PLEASE NOTE: For my children's safety, children are not allowed in treatment/exam room unless they are the patient due to sharp instruments, power tools and hazardous materials.

Initial

I am aware that co-pays are payable on the day of service in the form of: cash, check, or money order plus credit or debit cards.

Initial

CREDIT, DEBIT, FLEX OR HEALTH SAVINGS CARDS FOR CO-PAYS, AND ACCOUNT BALANCES WILL BE ACCEPTED WITH A 3% PROCESSING FEE. THE OFFICE EXERCISES THE RIGHT TO USE MY CARD ON FILE FOR ANY UNPAID BALANCES OVER 30 DAYS OR THE BALANCE WILL GO TO COLLECTION PLUS A 30% FEE ADDED TO THE BALANCE ALONG WITH ANY APPLICABLE ATTORNEY FEES.

Initial

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. I realize that I am responsible for my health insurance coverage despite the fact that I may inadvertently receive incorrect information or misinterpret information.

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

Initial

Any restrictions concerning the use of personal medical information must be made in writing. This document will remain in effect until I advise the office of necessary changes. I am aware that unless I indicate otherwise, the office may leave appointment reminders and/or other treatment and payment related messages at the number(s) that I have provided.

Initial

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

Initial

It is my responsibility to keep track of my appointments. I will not rely solely on a courtesy reminder call.

I agree to pay a \$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.

Initial

Signature

Date