

**Jay G. Levine, DPM**

Podiatric Medicine & Surgery of the Foot

**55 Old Nyack Turnpike  
Nanuet, NY 10954  
(845) 623-5933**

**INSURANCE COVERAGE POLICY**

As a courtesy, our office will submit a claim to your insurance carrier. However, payment for medical services and/or devices IS ULTIMATELY THE PATIENT'S RESPONSIBILITY. In some circumstances, your insurance company may deny payment for a service, which is not a covered benefit, or is deemed not medically necessary.

By signing below, you agree to accept financial responsibility for all medical services and/or devices provided to you by Dr. Jay G. Levine, that is deemed medically necessary but may not be reimbursed by your health insurance. X-rays, CT scan, MRI, bone scan readings may not be covered by your insurance company. A separate charge will be billed for this service if not covered. In addition, you are acknowledging that you, knowing this, have asked for treatment by our physicians. Your insurance may require a referral form to authorize treatment. It is your responsibility to secure a referral form and bring with you. If you do not secure a referral form, or your HMO fails to reimburse the physician, you are personally responsible for payment.

**ROUTINE FOOT CARE POLICY**

Routine foot care is defined as the cutting or trimming of toenails, corns and calluses. This service may be covered with a diagnosis of diabetes, vascular disease and neurologic disorders. If not covered, a \$50 charge will apply.

**PRIVACY POLICY**

The federal government has enacted regulations that concern the security and privacy of all healthcare information. The following is a brief description of your rights to security and privacy in your medical records.

This practice will not release your medical records or other individually identifiable healthcare information for non-healthcare purposes without your written authorization.

We will keep your written requests to release your individually identifiable healthcare information for non-medical purposes on file for this purpose.

We ask that you give us a general consent to our use of your individually identifiable healthcare information for the purposes of treatment, payment and operations within our practice, including but not limited to, confirming appointments via telephone answering machines, referring to you by name in our waiting area, and any other manner which keeps our relationship on a personal level. This also includes, but is not limited to, such routine matters as faxing insurance and medical information which pertains directly to able to send billing forms directly to your insurers.

If there is ever a breach of your private health information, we will notify you immediately with a description of how the breach occurred, steps you should take to protect yourself and how we will try to prevent the breach from reoccurring.

Jay G. Levine, DPM, reserves the right to change its privacy policies with notice to patients of material changes. You have the right to revoke this consent at any time, except as to any acts that have already been taken based on your prior consent.

I give general consent to the use of my individually identifiable healthcare information by Jay G. Levine, DPM, for treatment, payment and other operations within the practice. I have read the above information, and agree to the policies and procedures of Jay G. Levine, DPM.

I authorize Dr. Jay Levine consent for treatment to provide podiatric medical and/or surgical care. Care may involve discussion with other health professionals and insurance companies.

Thank you for carefully considering the information presented in this document.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_