

# Foot & Ankle Center of Washington

*The skill, experience and advanced  
solutions to put you back on your feet.*

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[www.FootAnkle.com](http://www.FootAnkle.com)

Medicine of the Foot and Ankle

Foot Orthotic Therapy

Ankle-Foot Orthotic Therapy

Biomechanics of the Lower  
Extremities

Gait and Running Analysis

Surgery of the Foot and Ankle

Arch and Heel Pain

Sports Medicine

Shoe Therapy

Children's Foot Disorders

Trauma of the Foot and Ankle

Nail and Skin Disorders

## Welcome to the Foot and Ankle Center of Washington!

Thank you for selecting our office for your foot and ankle health care needs. We have prepared this packet of information and patient forms in order to help make your visit a convenient and pleasant experience.

Prior to your appointment, please contact your insurance company to clarify your coverage requirements.

Here are a couple of important points to keep in mind to make your visit easier:

**Credit Card on File:** Due to the Affordable Care Act (Obamacare), as of January 1st, 2014 we require a credit or debit card on file if we will be billing insurance for you. Detailed information can be found on page 5 of this packet.

**Referrals:** If your insurance requires a referral to see a specialist, you cannot assume that your referral has been approved unless you have received written confirmation from your insurance company. If you are not sure your referral has been approved, please contact your insurance company prior to your appointment.

### Prior to your appointment you can check-in online and do the following on our patient portal:

- ◆ Complete online Registration Form
- ◆ Complete online Health History Form
- ◆ Digitally sign the Privacy Form
- ◆ Digitally sign the Financial Forms

**Find Patient Portal at  
[www.FootAnkle.com](http://www.FootAnkle.com)**

**Also, please complete the Lower Extremity Medical History Form (page 2 of this packet) and bring with you to your appointment.** If for any reason you cannot complete the registration and health history forms online, please also complete page 3 and 4 of this packet and bring with you.

### When you come for your appointment, please bring the following:

- ◆ Completed *Lower Extremity Medical History Form*
- ◆ Completed *Registration and Past Medical History Forms* if not completed online
- ◆ Completed and Signed *Financial Policy Form* (can be e-signed on patient portal)
- ◆ Medical Insurance card
- ◆ Written referral, if required by your insurance company
- ◆ Previous x-rays and medical records if applicable
- ◆ Shoes (bring a sample of the more common shoes that you wear
  - ◆ - including athletic and walking shoes)

**Note:** As you will be receiving advice on the proper shoes for your feet, we recommend that you not purchase any new shoes before your visit.

### Please be prepared to pay for the following at the time of your visit:

- ◆ Co-payment
- ◆ Deductible (if not fully paid for this year)
- ◆ If no insurance, the full cost of visit
- ◆ Unless you are paying in full at the time of service, we will also keep a credit card on file as explained above.

For your convenience, we do accept Visa, Mastercard and Amex

Our entire staff is here to help you in whatever manner we can. We look forward to serving you in the near future.

### Directions:

Directions can be found on our website at [www.FootAnkle.com](http://www.FootAnkle.com)

### Parking

Available in parking garage under building for \$3.00 per hour. *Sorry, we do not validate parking*

# Patient Registration

Complete this form only if you did not complete your information on the patient portal

## Patient Information

Patient Name: Last		First	M.I.	<input type="checkbox"/> M <input type="checkbox"/> F
By what name do you preferred to be addressed?			Single Married Widowed Other	
Patient's Address:				
City		State	Zip	
Home Phone:		Work Phone:	e-mail address	
Social Security #:	Birthdate:		Age:	
Employer:		Occupation:		
Emergency Contact:		Phone#:		
Would you like to receive quarterly email updates to our list of recommended shoes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Email addresses are never sold or used for any purpose other than these updates</i>				

## Insurance

Name of insured (if other than self)		Birth Date:
Name of insured's employer:		Insured's work phone number:
Patient is: <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Name of person responsible for paying the bill (the Guarantor): <input type="checkbox"/> Same as patient <input type="checkbox"/> Same as insured		
Guarantor's Address:		
Guarantor's Telephone:		

## L&I Injury

Date of Injury:	Type of Injury:	<input type="checkbox"/> Work <input type="checkbox"/> Auto <input type="checkbox"/> Other
Has a claim been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim#:	Where was claim filed?
Cause of injury:		

## Lower Extremity Medical History, Referral Information, Doctors and Pharmacies

### All patients please complete this page

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is the chief complaint(s) that brings you to our office for medical treatment? (Include foot, ankle, leg, knee, hip and back complaints: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Symptoms of Current Problem (circle or fill in your answer)

**Which Side:** Right Left Both **Type of Pain:** Dull Achy Throbbing Burning Sharp Shooting

**Area of Pain:** Bottom of Heel Back of heel Arch Ball of foot Big toe Top of foot Ankle No Pain

Other / Details: \_\_\_\_\_

**Onset:** Slow Sudden Traumatic **Has pain gotten:** Better Worse Stayed the Same

**How long has this been a problem for you?:** \_\_\_\_\_ Days Weeks Months Years

**What aggravates condition?** Walking Running Standing Shoes Activities First steps after rest

Other: \_\_\_\_\_

**Severity:** Mild Moderate Severe

**What have you tried to relieve the pain?** Changing shoes Anti-inflammatory meds Decreasing activities Ice

Heat Prefabricated Arch Supports Custom Orthotics Stretching Injections Physical Therapy Surgery

Antibiotics Other OTC Meds Padding Massage Acupuncture Soaking

Other: \_\_\_\_\_

**After it starts, how long does pain last?** \_\_\_\_\_

**Have you ever had a similar pain?** (describe, including treatments received) \_\_\_\_\_

#### Who Referred you to our office?

☐ I am a returning patient ☐ Friend / Relative ☐ Web search ( ☐ Google ☐ Bing ☐ Other) ☐ Yelp ☐ Angie's List

☐ My Doctor (name): \_\_\_\_\_ ☐ MD ☐ DO ☐ ND ☐ DPM ☐ DC ☐ PA

☐ Insurance Web Site or Book Referral ☐ Other: \_\_\_\_\_

#### Who is your primary care physician and what other doctors treat you regularly?

Primary Care Physician : \_\_\_\_\_ ☐ MD ☐ DO ☐ ND

☐ I don't have a primary care physician

Other doctors and their specialties: \_\_\_\_\_

#### List your primary pharmacy (name and location) - This is where we will send any prescriptions

Primary pharmacy (include city and street): \_\_\_\_\_

Other pharmacies you may use (include online pharmacies: \_\_\_\_\_

**All patients please complete this form in addition to the online health history forms in the patient portal.  
If you did not complete the online health forms, complete history and registration forms also.**



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## FINANCIAL POLICY ASSIGNMENT OF BENEFITS

We Accept Visa, Mastercard, and Amex

Thank you for choosing us as your podiatric physicians. We are committed to your treatment being successful. As part of our service, we try to contain the cost of health care. In an effort to do this, we have implemented a Financial Policy. The following is a statement of our **FINANCIAL POLICY** which we request you read and sign prior to any treatment.

**CREDIT / DEBIT CARD ON FILE:** We require a credit or debit card on file with our office if we will be billing insurance for you. You will be asked for a credit card at the time you check in and the information will be held securely. When your portion of the bill is determined (following a review of your copay, co-insurance, and deductible) we will charge your card and a copy of the receipt will be emailed to you. We only have to swipe your card once per year. You can cancel the contract at any time.

**PAYMENT FOR SERVICES:** Payment for services is due at the time that those services are provided to you, and we expect that all charges we present to you at a visit will be paid at the time of the visit. This includes copay amounts, program deductibles, earlier charges that remain unpaid, and charges for services that we believe are not covered by, or are left over as your responsibility to pay after coverage by, insurance or government programs. Payments may be made by *cash, check or credit card*. There will be a \$25.00 charge for *returned checks*. *Delinquent accounts* will be referred for collection at the discretion of the office manager.

**UNPAID BALANCES AND AUTOMATIC PAYMENTS.** Patient balances are due upon final insurance determination of patient balance and will be charged to your credit card on file. You will receive an email notification that we will be billing your credit card, and then follow-up with an email receipt

**CO-PAYS AND UNPAID BALANCES DUE AT TIME OF VISIT: Please be prepared to pay all co-payments and unpaid balances at the time of service.** We do not send bills out for co-payments, so your visit will have to be re-scheduled if you are not prepared to pay the co-payment.

**INSURANCE:** If your doctor is a participating provider with your insurance plan, we will submit the claim to your insurance company. To do this we must have *complete and accurate* insurance information and a copy of your identification card or claim form. Your insurance policy is a contract between you and your insurance company; therefore you are responsible for payment whether or not your insurance company pays. **It is your responsibility to contact your insurance company regarding pre-authorizations, obtaining required referrals, second opinions, etc.** Failure to do so may reduce the amount of benefits paid by your insurance, and the balance will then become your responsibility to pay.

**NO INSURANCE:** If you do not have insurance or the doctor is not a participating provider with your insurance plan, please be prepared to fully cover the fees for each visit at the time of treatment.

**BILLING COMMUNICATIONS:** We may present charges to you by written statement via the mail or patient portal following a visit. If we do this, we expect that each charge will be paid in full by return mail or via our patient portal the first time it is presented to you.

**DEDUCTIBLES:** If you have an annual deductible which has not yet been paid in full then any charges incurred up to that amount are due at the time of your visit.

**MINOR PATIENTS:** The adult or the parent (custodial guardian) accompanying a minor is responsible for payment of services. For unaccompanied minors, non-emergency treatment will be denied unless prior authorization from the parent or guardian has been made for the charges and treatment.

**SUPPLIES:** For your convenience we make some supplies available for purchase in the office. If you choose to purchase these items, payment is due at time of purchase. We cannot bill for these items.

**ASSIGNMENT OF BENEFITS:** I authorize my insurance benefits to be paid directly to the doctor. I understand that the doctor's office will bill my insurance as a courtesy and that I am responsible at the time of service for all co-payments, deductible, unpaid balances and non-covered services. I authorize the release of information required to process my claims. (If not signed payment due at time of service).

**I have read and agree to the terms set forth in the above financial policy. I am financially responsible for any balance due. I agree to make all payments for any co-payments, charges due within my current deductible and any unpaid balance from previous visits at the time of my appointment. I agree to the Assignment of Benefits.**

**Patient or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## **Credit card on file or payment in full will be required for all patients**

### **Foot & Ankle Center Discontinues Sending Patient Statements**

Dear Patients,

As of January 1, 2014 we have discontinued sending patient statements so you will no longer receive bills from us in the mail. We now require a credit or debit card on file with our office if we will be billing insurance for you. If you do not have insurance than payment in full is due at the time of service.

As you know if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is swiped and later used to pay your bill. This is an advantage for both you and the hotel or rental company, since it makes checkout easier, faster, and more efficient. Due to 2014 changes in health care (Obamacare) most medical practices will be implementing a similar policy.

We have implemented a similar policy. You will be asked for a credit card at the time you check in and the information will be held securely. When your portion of the bill is determined (following a review of your copay, co-insurance, and deductible) we will charge your card and a copy of the receipt will be emailed to you. You can also request a paper copy from the receptionist at check-out. We only have to swipe your card once per year. On follow-up visits you will be able to pay for co-pays and other charges with the card on file. You can cancel the contract at any time. Please note that your card will not be charged unless you have a charge due and no funds are held. This simply allows your card to be charged when a bill is due.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

If you have any questions about this payment method, do not hesitate to ask.

#### **Frequently Asked Questions:**

##### **Why the change?**

Many changes are occurring in healthcare as of January 1<sup>st</sup>, 2014 due to implementation of the Affordable Care Act (Obamacare). In order to continue providing care and to keep medical costs as low as possible we need to ensure that we have a guarantee of payment on file in our office. You will find that over the next year or so most medical practices will require full payment up front or a credit/debit card on file for payment of patient balances.

##### **But I always pay my bills, why me?**

We have to be fair and apply the policy to all patients. We have wonderful patients and we know that most of you pay your balances. But with the healthcare changes that are occurring, it is now cost-prohibitive to send out bills to collect balances.

##### **How will I know how much you are going to charge me?**

You will receive a letter in the mail from your Insurance carrier that explains how much of your office visit they pay and how much you pay. This is called an Explanation of Benefits, or EOB. This letter tells you exactly, according to your health insurance coverage, how much of your health care bill is your responsibility and how much is the responsibility of your insurance to pay.

##### **Then what?**

We receive the same letter that you do. It arrives about 10 – 30 days after your appointment. We look at each Explanation of Benefits (EOB) carefully, and determine what your insurance has determined as patient responsibility. This is the same way we normally determine how much to send you a bill for in the mail.

##### **But wait, I'm nervous about leaving you my credit card.**

We do not store your sensitive credit card information in our office. It is stored on a secure gateway that is completely compliant as required by law – just like at a hotel or rental car agency. We access your information only on this site to process a payment. If you absolutely do not want your credit card on file, then you can choose to pay the entire billed amount at the time of service. If your insurance then pays, we will send you a refund.

##### **What if I need to dispute my bill?**

We will always work with you to understand if there has been a mistake, and we will refund you if we have made a billing error. We will only charge the amount that we are instructed to by your insurance carrier, in the letter they send to us, in the same way that we normally determine how much to send you a bill for in the mail.

##### **What if I don't have a credit card?**

If you do not have a credit card, you can be seen as a self-pay patient and pay 100% for all services in cash at the time of service. We will give you what you need to file a claim with your insurance company.

##### **How can I see my bill?**

You can either look at the EOB from your insurance company or go online and log onto our secure patient portal to view your statements and receipts at any time.

##### **What if I don't have insurance?**

If you do not have insurance, payment in full is due at the time of service. In this case we do not need to have a credit card on file.

**I have read and understand the above information regarding credit card on file:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **No-show and On-time Appointment Policy**

We have developed this no-show and on-time appointment policy to best meet the needs of our patients. We welcome your feedback and suggestions and will make updates to this policy as needed.

At the Foot and Ankle Center of Washington we pride ourselves on keeping our appointment schedule on time. One of the ways we do this is by giving each patient ample time to meet with their doctor.

At a busy podiatric practice like the Foot & Ankle Center it is often impossible to predict what a day will bring. A sudden emergency such as a fracture or an infection throws our well-planned schedule into chaos. On the rare occasion we have to cancel an appointment, we will call and explain and reschedule as soon as possible.

Unpredictable traffic jams or a toddler who throws a tantrum can cause our patients to be late or miss an appointment altogether. We understand that sometimes being late is unavoidable and usually a quick phone call to the office explaining your tardiness or last-minute cancellation is sufficient.

## **Late Arrivals**

When a patient arrives late for an appointment, if the schedule allows, we will see the patient. There may be a lengthy wait, however, as we will see all on-time patients first. If there isn't any flexibility in that day's schedule, the patient will be asked to wait if it is for urgent care or to reschedule if the problem is not urgent.

## **No-Shows**

If you must miss an appointment please call us as soon as you know you cannot make it. Patients who habitually do not show and do not contact us take time away from other patients and will be asked to find another provider.

## **Work-ins**

If you have an urgent problem, we will likely work you into an already busy schedule. In this situation, be aware that there may be a lengthy wait once you arrive at our office. Usually we will see you within 30 minutes of your scheduled appointment time, but occasionally the wait may be up to a few hours.