

DANIEL M. KLEINER, D.P. M., INC.
10201 MISSION GORGE ROAD, SUITE K-1
SANTEE, CA 92071
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OFFICE POLICIES

WE WOULD LIKE TO WELCOME YOU TO OUR OFFICE. In our office, we schedule our patients very carefully to accommodate each patient's needs. We reserve that specific time slot for each patient, so we ask that you arrive to your appointment on a timely manner. If you are unable to keep your appointment as scheduled, we ask that you notify our office at least 24 hours in advance to avoid a \$25.00 no show fee. HMO patients will be charged the equivalent of their copay for a no show fee.

Please notify the receptionist if your insurance information, address or telephone number has changed. Please notify our office if there are any changes in your medical history or medications that you are taking.

Insurance Billing: it is our policy to bill your primary and supplemental insurance companies. If we do not receive payment after submitting a claim, you will be responsible for the charges and a statement will be sent you to.

HMO Insurance claims that are denied because of a change in your HMO/IPA carrier without notifying our office or if you were not eligible at the time services were rendered, will become your responsibility.

Patient Balances: statements will be mailed out and balances are due on date indicated on statement. Delinquent accounts will be sent to our collection service company: Pacesetters Financial Services.

Copayments: most insurance carriers require the patient pays a copayment at the time of their appointment. It is our policy to collect the copay at the time services are rendered.

We accept personal checks, money orders, cash, Visa, Master, Discover, and American Express cards. (We do not accept personal checks for cash patients).

Deductibles: patients who have a yearly deductible that has not been met will be required to pay 60% of the total fees incurred at the time services are rendered. If there is still a balance due, we will send you a statement.

Over The Counter Products sold in our office are to be paid for at the time product is received. It is not our policy to send a statement/bill for these items.

Copies of records are available for a fee of .50 cents per page.

Referral/Prior Authorization: If your insurance carrier require a referral or prior authorization to see a specialist, it is our policy that the authorization in our office prior to scheduling your appointment. Dr. Kleiner can only treat the problem/condition that is documented on the referral notification.

Durable Medical Equipment: as a courtesy to our patients, claims will be submitted to your insurance carrier for dme, and based upon your plan's benefit, it may or may not be covered. You will be responsible for any coinsurance due. If the claim is denied, you will be responsible for the balance which is disclosed on the non-availability form that you signed.

Nail problems: please remove all nail polish prior to your appointment.

Medicare patients only: please note that if you are being treated for nail care, Medicare's guideline states that nail care is not covered unless you have pain or if you have a medical condition such as: diabetes, arteriosclerosis, neuropathy, or if you are taking anticoagulants. Please discuss this with the doctor.

Patient or guardian signature _____ date _____