

GREAT LAKES ORTHOPEDIC LABS, INC.

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Thomas F. Daley, O.T.R., CO.
Marc A. Edelstein, C.P.O.

Practice Policies

The staff at Great Lakes Orthopedic Labs feels that we can better serve your needs if you are familiar with the following policies and procedures:

Insurance Information/Assignment of Benefits

Patients are required to provide Great Lakes Orthopedic Labs with current and accurate insurance information at every visit. Failure to provide accurate information will result in a patient bill that you may be held responsible for. By signing below, you authorize Great Lakes Orthopedic Labs to share information to insurance carriers concerning our services and hereby assign all payments for services rendered to you or to your dependent to Great Lakes Orthopedic Labs. Furthermore, you will be held responsible for any amount not covered by your insurance plan.

Co Insurance, Insurance Deductibles, POS Plans, and Private Payments

In accordance with the provision of your insurance plan, you may be required to pay for a portion or all of your services. As a result, if you have a deductible and/or co-insurance with your insurance plan, a Point of Service Plan, or if you are a private paying patient, payment is expected at the time of service. For patients who present without an applicable payment due, your appointment will be rescheduled.

Great Lakes Orthopedic Labs makes every attempt to provide its patients with accurate co-insurance and deductible patient responsibility information at the time of service. However, due to the nature of our practice, additional liability may be due when components of an orthosis need to be changed and/or when information originally obtained from insurance representatives differs once the claim has processed. If Great Lakes Orthopedic Labs determines that a claim has been incorrectly processed by the insurance company, we will vigorously pursue a reprocessing of the claim. Any additional amounts due will be billed accordingly. Any overpayments will be refunded once the claim has processed. Please note that it is within our discretion to take current payments and apply them to existing unpaid balances.

Should you need to discuss this policy or your payment, you may contact our office prior to your appointment, so appropriate arrangements can be made.

Medical Photography

Any photography taken for treatment purposes will become a part of your patient record. These photos shall remain confidential in accordance with regulatory requirements.

Comments

It is our sincerest desire that you will have no occasion to register a concern. However, should that occasion arise, please call Blanche Daley at (716)893-4116. To ensure a good office policy, please fill out a patient survey. Your feedback is encouraged at all times to assist us in improving service to our patients.

I have read the Practice Policies listed above and hereby agree to each policy.

Name (Please Print): _____

Signature: _____ **Date:** _____