

# MONROE PODIATRY GROUP, PLLC

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Raymond DiVasto, D.P.M.  
Maurice A. Palucci, D.P.M.



45 North Ave., Webster, NY 14580  
Telephone: (585) 872-6520  
Fax: (585) 872-6357

200 White Spruce Blvd., Rochester, NY 14623  
Telephone: (585) 424-6800  
Fax: (585) 424-6517

2800 Spencerport Rd., Suite a6, Spencerport, NY 14559  
Telephone: (585) 404-4123  
Fax: (585) 280-5166

## HIPAA PRIVACY AND PAYMENT AUTHORIZATION

### HIPAA:

\*A copy of the HIPAA Privacy Policy is available per your request upon arrival to Monroe Podiatry Group\*.

Patient may designate up to three persons with whom they authorize Monroe Podiatry to share their medical information with. If there are no names written down on this form then we can only talk to the patient themselves about their medical information, appointments, billing questions etc.

_____	_____	_____
Name:	Relationship:	Phone:
_____	_____	_____
Name:	Relationship:	Phone:
_____	_____	_____
Name:	Relationship:	Phone:

Please list below if any special requests are to be made for confidential communications: \_\_\_\_\_

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### Guarantor information

Guarantor (Responsible Billing Person, POA, Parent, etc.) Name: \_\_\_\_\_

Street address/Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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### **FINANCIAL RESPONSIBILITY:**

I the patient agree to pay and guarantee payment in full of any and all charges for services and/or durable medical equipment ("DME") provided or to be provided by Monroe Podiatry Group, PLLC and by health care providers who may provide services during this patient visit.

Signature of Patient or Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

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

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## **DURABLE MEDICAL EQUIPMENT/SUPPLIES WAIVER FORM:**

To our patients:

Certain medical conditions may, or may not, require the use of durable medical equipment/supplies, which may include any of the following: pre-fabricated and custom-fabricated casts, splints/braces, dressings, slings, etc. Although these are considered to be "medically necessary" by your physician, many insurance carriers will deny payment of such items.

If you are covered by private insurance, it is our policy to bill your insurance carrier(s) for certain items (please note: many private insurance companies consider pre-fabricated "off the shelf" splints to be non-covered items). In the event that these claims are denied by your insurance carrier(s), you will be held responsible for paying any outstanding bills regarding such items issued. For non-covered items, payment is due when the item is dispensed.

**Note: Monroe Podiatry Group has chosen not to be accredited with CMS as a durable medical equipment (DME) provider. As such, we do not have a supplier number and cannot submit Medicare DME claims. You may contact 1-800-633-4227 for instructions on how to submit a claim on your own behalf.**

By signing I agree to the above statement

Patient Name (printed): \_\_\_\_\_

\*if patient representative, please indicate full name and relationship:

\_\_\_\_\_

Patient signature: \_\_\_\_\_ Today's date: \_\_\_\_\_