Office and Financial Policies

Welcome and thank you for choosing Kutchback Podiatry for your medical care. We are committed to providing you with the highest quality medical care in an efficient, timely, and cost-effective manner. We hope that providing you with our policies in advance we can prevent any misunderstandings or frustrations at the time of your visit. Office hours are Monday-Friday 8:00-5:00 closed 12:00-1:00 for lunch.

Initials: _____ Insurance. The patient is responsible for knowing their insurance benefits and if you have a deductible or copayment. If you have an HMO policy, you must have a referral from your PCP. If you do not have a referral the day of your appointment, you will be asked to reschedule or will be responsible for the charges for that day. We will not become involved in disputes between you and your insurance company regarding coverage and/or policy benefits. You are responsible for timely payment to your account.

Initials: ____ Check-in. Copayments are due upon checkout as well as any past balances on your account. We accept cash, check, Visa, Mastercard, Amex, and Discover.

Initials: ____ Dishonored Checks. A \$30.00 service fee will be assessed on all dishonored checks. The full amount of the check written plus \$30.00 must be paid by cash or credit card. If payment is not received within 10-15 business days your information will be filed with the Montgomery County Hot Check Division. We will be unable to see you until payment is made in full. If you have 2 occurrances we will no longer be able to accept checks from you.

Initials: ____ Appointments. We do our best to stay on schedule. When a patient arrives late it is impossible to stay on schedule. If you arrive more than 15 minutes late, you may be asked to reschedule your appointment. Cancellations are required 24 hours prior to your appointment. There could be a \$25.00 charge for no show.

Initials: ____ Prescriptions. It is the patient's responsibility to call the pharmacy 5 days prior to running out of medication. Refills may take between 3-4 days to be refilled. Please do not call/leave messages multiple times, for this will slow down the process.

Initials: ____ Forms. There will be a \$25.00 fee for the review and completion of all forms that must be signed by the doctor.

Initials:_____ Triplicates. Patients who receive triplicates for controlled substances must be seen every 3 months or sooner in order to receive their monthly triplicate, and must be picked up by the patient themselves or have a signed release on file.

Initials: ____ Pain Medications. All patients that receive chronic pain medication prescriptions must be seen every month by Dr. Kutchback in order to receive their prescription refill, unless other arrangements are made with Dr. Kutchback and documentation is made.