DR. L. CRAIG SEMER
FOOT AND ANKLE SURGEON • PODIATRIST

DIPLOMATE, AMERICAN BOARD OF PODIATRIC SURGERY
BOARD CERTIFIED IN FOOT AND ANKLE SURGERY
DIPLOMATE, AMERICAN BOARD OF PODIATRIC ORTHOPEDICS
AND PRIMARY PODIATRIC MEDICINE
FELLOW, AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

BILLING POLICIES / AUTHORIZATION

REFERRAL POLICY

It is the policy of L. Craig Semer, DPM that the patient is responsible for making sure that their referral is in the office prior to, or at the time of their appointment. It is our recommendation that you bring a copy of your referral with you to your appointment. Unfortunately, if your referral is not in the office prior to, or at the time of your appointment, we will have to reschedule your appointment to the next available appointment time.

CANCELLATION POLICY

Each appointment is scheduled for patient care and as such, when situations/emergencies arise, it is required that at appropriate notice of 24 hours be given for cancellations. Please be courteous and notify the office of cancellations.

RELEASE OF INFORMATION

I authorize L. Craig Semer, DPM to release any and all information acquired in the course of my examination and treatment to all persons for the purpose of insurance, worker's compensation and/or Medicare benefit payments. In the case of work related injuries, to keep my employer advised of my condition, and provide all information, whether authorized by this or any other authorization form, by facsimile or other electronic transmittal and I release and hold harmless Dr. Semer from any claims arising from error involved in the transmittal of information by facsimile or other electronic means.

MEDICARE BENEFITS LIFETIME AUTHORIZATION

Where Medicare benefits are applicable, I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished me by L. Craig Semer, DPM.

I HEREBY AUTHORIZE and direct you, my insurance company, to pay directly to L. Craig Semer, DPM such sums as may be due and owing for services rendered to me by reason of this condition. Under no circumstances is this agreement revocable, nor can it be changed unless proof of payment in full of the doctor bill is provided to you.

INFORMATION PRIVACY: L. Craig Semer, DPM, will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information.

The terms of the notice may change with time and we will always post the current notice at our office and have copies available for distribution. The undersigned acknowledges receipt of this information.

I FULLY UNDERSTAND that I am directly responsible to L. Craig Semer, DPM for all my medical bills submitted by him for services rendered to me. And, I further understand that such payment is not contingent on any insurance policy, settlement, judgment or verdict by which I may eventually recover said fee.

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Patient Signature/Responsible Party Date

223 E. Hallandale Beach Blvd., Hallandale, FL 33009 • Phone: (954) 458-FOOT • Fax: (954) 458-3109
1907 N. Pine Island Road, Plantation, FL 33322 • (954) 474-3668