



silicon valley podiatry group

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Appointments: When you arrive, please stop at the Front Desk and let the office staff know you are here before being seated. To serve all patients promptly, please schedule all appointments in advance. A grace period of **15 minutes** will be permitted for unforeseen delays a patient may encounter while travelling to the clinic location for their appointment. If a patient arrives more than 15 minutes late for their appointment, the patient will be given the option of either being seen that day as a walk-in, **if the schedule permits**, or rescheduled for a later date.

Cancellation Policy: Please understand that it is important to us to be available for all patients and appointment times are precious. Please notify us 24 hours in advance if you need to cancel or change appointments. This allows us to accommodate patients who need to be seen urgently. There will be a **\$50.00** appointment cancellation fee if we are not notified in advance that you cannot make an appointment.

Patient with Insurance: Although we will bill your insurance company/medical group for services rendered, **you are financially responsible for all services rendered.** If payment has not been received within sixty (60) days of billing your insurance company/medical group, we will contact you for assistance. Should your insurance company/medical group deny coverage for any reason, you will be responsible for payment in full within thirty (30) days of your billing statement.

Co-Pay Policy: If your insurance has a co-pay, they require that you pay the co-pay at the time of the visit. A co-pay is collected for all office visits, including visits with the doctor or other medical staff. If you anticipate any financial difficulty with paying your co-pay, please contact our Billing Office as soon as possible. If we have to send you a statement for un-paid co-pay(s), there will be a **\$10.00** Statement Fee.

Authorization & Assignment of Benefits: In the New Patient Information paperwork is a release of information and assignment of benefits. This authorizes SVPG to release medical information to your insurance plan/medical group that may be needed to process/pay your claims. The “assignment of benefits” requests that insurance payments be made directly to SVPG, and also acknowledges that you are responsible for payment if the assignment is not honored.

Patients without Insurance: Our fees cannot always be determined in advance, since they depend on the services rendered. You will be quoted a deposit amount, which must be paid at the time of service. Any charge over the deposit amount will be billed to you and will be due in full within thirty (30) days from the date of your billing statement.

Misc. fees: Our fee for copying medical records and completion of forms such as disability forms, family leave, airline cancellation, etc. is **\$25.00**. There is a **\$30.00** service fee for all returned checks.

We are here to help: Please call if you have any questions. Office (8:30am-5:00pm)
If you have a billing issue please call 1-925-498-6670 and press option 2 for Podiatry.

I have read and understand the above policies and I agree to comply with them. I attest that all information given is true and accurate to the best of my knowledge.

Patient Signature: _____ **Date:** _____

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