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Dear Patient:

Due to changing insurance plans and policies, it is very difficult for our office to maintain all necessary information on each individual plan. It is your **RESPONSIBILITY** to know whether this office is participation with your particular plan and program. Because you (or a family member) are the policy holder, it is ultimately **YOUR** responsibility to obtain all necessary information prior to your visit.

You should verify your coverage with your particular plan concerning participating providers. If your insurance plan requires a referral or prior authorization for the office visit, you will need to have it with you on the date of service. You will need to be aware of the number of visits allowed and the expiration date on your referral. We will try to assist you; however, it is still your responsibility to obtain the proper referral. If a copay is required as per your insurance company payment is expected at time of visit. Some programs require that a specific facility be used for x-rays, ultrasounds or blood test.

Please understand that if we have not been advised **in advance** of your program's requirements or conditions and we provide a service or use a laboratory that is outside of the program, you will be responsible for the appropriate fees.

If you have any further questions regarding your insurance plan, please call the toll free number located on the back of your insurance card.

We appreciate your cooperation and thank you for understanding.

Signature \_\_\_\_\_ Date \_\_\_\_\_