



Medicine and Surgery of the Foot and Ankle

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Name _____

KAISER PERMANENTE CONSENT

_____ Kaiser Permanente no longer covers procedures without prior authorization, only evaluation and management services. Procedures include such services as x-rays, putting on a cast, callus and wound care, and draining an infection.

_____ Podiatry is a surgical specialty, and most appointments with Dr. Hoy are likely to contain a procedure.

_____ There is a turnaround time of up to several days for insurance approval of prior authorizations. However, urgent procedures may need to be performed immediately during an appointment. The prior authorization application process therefore represents an undue burden and a health risk for patients with urgent conditions.

_____ For this reason, I understand that Dr. Hoy's office requires me to agree to pay privately in full at the time of service for possible procedures for which prior authorization is not possible to keep my appointment.

_____ If any applicable procedures are performed during my appointment, I consent to private payment in full at the time of service, including from my credit or debit card on file.

I have read and understood the above and have had my questions satisfactorily answered. At this point, I wish to (initial one):

_____ Continue with my appointment/ _____ Cancel my appointment. Please contact Kaiser Permanente insurance to address all concerns and find alternative care. Medical records can be released without charge to another provider upon receipt of signed release of information form. Thank you.

Signed: _____ Date: _____