



Wound Center Referral to Kaweah Delta Rehabilitation Service Flaherty & Florek Foot Care Dr. Derek Florek

Thank you for selecting our office for your foot and ankle health care needs. Dr. Florek will be taking care of you at KDH Wound Center for. We have prepared this packet of information and patient forms in order to help make your visit a convenient and pleasant experience. ***Kaweah Delta Rehabilitation Wound Center will contact you directly to schedule your appointment.*** Here's some helpful information;

About Referrals:

We accept most insurance plans. If you have an "HMO" plan rather than a "PPO" plan Kaweah Delta must check with your insurance provider prior to your visit to determine specific benefits your insurance company provides for outpatient therapy services. We will provide a referral to Kaweah Delta to make this possible.

Kaweah Delta Rehabilitation Wound Center will verify wound care facility and benefits based on the information furnished to us by you. Your insurance company has the disclaimer that this is a verification of benefits and not a guarantee of payment. Based upon the information your insurance company provided to us you will receive a bill for either Co-payment or Coinsurance - or a Deductible, if deductible has not been reached.

Payments to Provider / Kaweah Delta

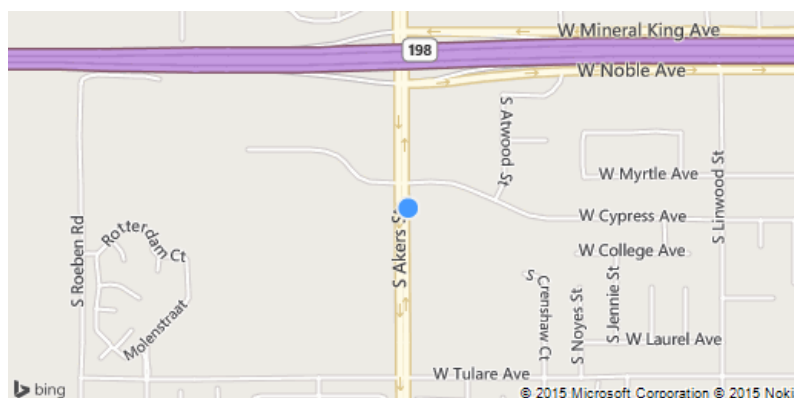
IMPORTANT: You will receive two statements - one from Dr. Florek and one from Kaweah Delta - during and after your treatment. This is to keep you informed of the amount billed to your insurance company and the payments received from you and your insurance company. Due to the timing of the processing of your service, some statements may not reflect all payments made to date. In these cases, subsequent statements will reflect those payments.

What to Bring to Your Appointment

- Identification card
- Insurance card
- Any previous orthotic or health care aids that may be pertinent to your care

My Provider

Dr. Derek Florek will continue to see you at the Wound Center. Due to the nature of your wound, the Doctor feels that the best care for you will be outside of our office setting. He will coordinate your care each time you visit the Wound Center.



Directions: The Wound Center is located 2 blocks south of Akers and Hwy 198, just past Cypress on Akers. There is ample free parking available. Look for the Kaweah Delta Rehabilitation Services sign.



**Wound Center Referral to
Kaweah Delta Rehabilitation Service
Flaherty & Florek Foot Care
Dr. Derek Florek**

WOUND CARE CENTER: DISCLOSURES & CONSENTS

Patient's Name	Date of Birth	First Name of Parent/Guardian (If child)	Last Name
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ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize direct payment of my insurance benefits to Flaherty & Florek Foot Care, Inc. or the physician individually for services rendered to my dependents or me by the physician or under his/her supervision. I understand that it is my responsibility to know my insurance benefits and whether or not the services I am to receive are a covered benefit. I understand and agree that I will be responsible for any co-pay or balance due that Flaherty & Florek Foot Care is unable to collect from my insurance carrier for whatever reason.

AUTHORIZATION TO RELEASE NON-PUBLIC PERSONAL INFORMATION: I certify that I have received and read a copy of the Flaherty & Florek Foot Care, Inc. Patient Information Privacy Policy. I hereby authorize Flaherty & Florek Foot Care, Inc. or the physician individually to release any of my or my dependent's medical or incidental nonpublic personal information that may be necessary for medical evaluation, treatment, consultation, or the processing of insurance benefits.

CONSENT TO TREATMENT: I hereby consent to evaluation, testing, and treatment as directed by my Flaherty & Florek Foot Care, Inc. physician or his or her designee.

HIPAA ACKNOWLEDGMENT RECEIPT I have received a copy of the HIPAA privacy policy and I understand that it is my responsibility to read and understand the policy. Flaherty & Florek Foot Care will make every effort to comply with HIPAA rules and regulations and take the utmost care in securing the privacy of each and every patient.

PATIENT SIGNATURE: _____ **DATE:** _____