

**North Bridge Podiatry Group, P.C.**

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Because of the multitude of insurance companies and the great variations in coverage, PATIENTS are responsible for checking their individual coverage prior to treatment. It is impossible for us to check for each individual.

If you are covered by a managed care plan, (HMO) or Mass Health, it is your responsibility to provide us with a valid referral number at the time of your visit and to update referrals as requested. The number of visits authorized by your Primary Care Physician (PCP) should also be provided. This should be done by contacting your PCP after making your appointment. If you do not have a valid referral, you will be asked to sign a waiver stating that you will be responsible for your bill if the referral is not received within the insurance filing limits.

Any co-payment required by your insurance is expected at the time of your visit.

There are some types of treatment, supplies, or appliances that may be deemed necessary for successful treatment that are not covered, or are not completely covered by your insurance. If this is the case, payment will be expected at the time of service or upon dispensing of the supplies or appliances. If your insurance was billed and you are found to be responsible for a portion of the payment, it is your responsibility to remit payment as soon as possible. We accept Cash, Checks, Visa, and MasterCard and American Express.

We thank you for your cooperation in this matter.

It is ultimately the patient who is responsible for his or her insurance coverage.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Date