

Family Foot & Ankle Care Update
We will be offering TeleMedicine phone appointments when appropriate.

With COVID-19 changing our community and how we handle every day life, Family Foot & Ankle Care, P.C. is committed to continued excellent care for our patients. This means adjusting how and where we practice medicine.

We are still here in the office to see patients; however, we recognize at this time some of our patients need to remain home.

Type of appointments performed through TeleMedicine

Our doctors are currently making video or audio conference calls for the following appointments.

Test Result: Neurologic and Vascular studies,
Radiologic (MRI, CT scans. Bone Density etc.)

Medications: Progress evaluation, Refill and/or change requests

Follow-up appointments for advice and management

Type of appointments that must be seen at the office.

Some appointments require a physician face to face visit. These can only be done in the office.

Infections

Diabetic Ulcers/Wounds

Diabetic Nail Care

Rash/Dermatology conditions

Arthritic Joint Flare-ups

Pain/Injury/Accidents

Post-Surgical Care

Injections for joints, tendons, neuroma, heel pain etc.

Physical exams for new conditions

Testing (x-rays, ultrasound, neurologic & circulatory studies, cultures, biopsy etc.)

Please note; we have changed protocols in our office. The lobby has been altered to allow personal spacing. Patients arriving may check in and wait in their car if desired until called on their phones to come in for their appointment.

Please do not bring additional people with you to your appointment, including children (that are not being seen). Exceptions to this would be; a pediatric visit who needs a parent to accompany them, senior patients that have a caregiver, husband or wife for driving assistance or for understanding of medical care, explanation of medications and changes are welcome.

Are TeleMedicine visits covered by my insurance?

Insurance carriers have activated this service for members during this pandemic. Medicare, AHCCCS, Medicaid and Commercial plans are all allowing this under the Executive Order of Waivers. Copays, Co-insurance and deductible will still apply.

How do I make an appointment for TeleMedicine?

Please call our office at **(480) 732-0033** and our schedulers will make the specialized appointment for you. If you'd like to change your existing appointment to a TeleMedicine Video Conference, please call our office and request a TeleMedicine visit to see if your condition qualifies.

As we move forward during this difficult time, we remain committed to our patients and staff.

We appreciate the relationships we have made over the past 38 years and will try to adjust the way we care for everyone, so care is minimally interrupted.

If you have additional questions, please call our office at (480) 732-0033.

Sincerely, in health,

The Doctors and Staff of Family Foot & Ankle Care, P.C.



Family Foot and Ankle Care, PC

Informed Consent for Telemedicine/Virtual Clinic Consultations

Printed Name _____ Date of Birth _____

Please agree to the below consent form prior to your Telemedicine/Virtual Clinic consultation

"Virtual Clinic" means that you may be evaluated and treated by a health care provider or specialist from a distant location via electronic communication. Since this may be different than the type of consultation with which you are familiar, it is important you understand and agree to the following statements:

- The consulting health care provider will be at a different location from me. Additional medical or registration personnel may also be present in the room with the Provider.
- I understand that my voice and image may be recorded in order to assist the medical or registration personnel and I consent to any such audio and video recording.
- I understand there are potential risks to this technology, including, but not limited to, interruptions, unauthorized access, technical difficulties, and call termination. I understand there are alternatives and limitations to this type of care. I understand that my health care provider or I can discontinue the telemedicine consultation/visit if it is felt that the video conferencing connections are not adequate for my situation.
- I understand that I may be released before all my medical problems are known or treated and it is my responsibility to make such conditions or symptoms known to the medical personnel as well as to make arrangements for follow-up care.

Authorizations

- The undersigned patient, or authorized individual acting on behalf of the patient, understands and agrees as follows: By signing my name below, I am granting permission to all physicians, therapist, laboratories, and any other professionals to perform and administer care and treatment of the patient, or designated other qualified health care provider for such services.
- Grants permission to release to third party payor(s), Medicare, their representatives and/or physician(s) involved in the patient's care, any information needed in connection with all care rendered to patient.
- If the patient is under the age of 18 or lacks capacity, the signing party affirms that they are either the parent or legal guardian of such patient and has full legal authority to seek medical assistance on behalf of the patient.

Financial Responsibility

I and/or my insurance carrier(s) agree to pay, in a timely manner, for health care services provided. I authorize payments directly to Family Foot and Ankle Care, PC for all benefits payable. I understand that some private and government insurers do not include coverage for this service as a "Covered Service". I understand that I am responsible for any unpaid bills not covered by Medicare and/or any other private insurance company(s), if my insurance carrier does not cover the Telemedicine visits.

Signature _____ Date _____

Patient Guardian (if applicable) _____ Date _____

Please mail/email/fax completed form to:

Mail: Family Foot and Ankle Care, PC 600 S Dobson Rd Ste D35, Chandler, AZ 85224

Fax: (480)732-0038

Email: Contactus@FamilyFootandAnkleCarePC.Com

