

Katherine E. Chou, DPM

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PATIENT INSURANCE RESPONSIBILITY

Due to the number of insurance companies Dr. Katherine Chou participates with, it is not possible to know all the covered benefits that your plan offers.

Please familiarize yourself with your insurance plan coverage, (physicians services, tests, physical therapy, surgery, orthotics, co-pays, deductibles, co insurance, prior authorizations, referrals, etc...) by reading all information given to you by your insurance company with your enrollment form and /or by calling the telephone number listed on your insurance card prior to your appointment or services rendered at our office.

Dr. Chou and her staff assume no liability for any benefit information misquoted by your insurance carrier, or later deemed to be inaccurate. Patients are responsible for the amounts owed based on their insurance contract with their insurance carrier.

It is ultimately the patients responsibility to know their health plan coverage and limitations. Patients will be responsible for non-covered services.

**Co-payments are to be paid at the time of each visit.

**Dr. Chou accepts cash, checks, and credit cards

Fees are charged for returned checks or insufficient funds.

Additionally, please notify our office of any changes regarding insurance coverage, home/work address and home/work or cell phone numbers as soon as possible.

Thank you for your cooperation.