Advanced Foot and Ankle of Indian River
Amberly Paradoa, DPM, FACFAS Timothy Caballes, DPM, FACFAS Robby Caballes, DPM, AACFAS
3735 11th Circle 13852 US Hwy 1
Vero Beach, Florida 32960 Sebastian, Florida 32958
(772)299-7009

Dear Patient:

We look forward to seeing you in our office. Thank you for giving us the opportunity to care for your medical needs. In order for us to provide you with the best care possible, we must follow a few guidelines and government regulations.

Office hours:

Monday – Thursday: 9:00- 5:00
Friday: 9:00- 12:00
By appointment only

By law we are required to have a copy of your Insurance card(s) & Photo ID on file.

Dr. Paradoa, Dr. T. Caballes and Dr. R. Caballes use Medical Billing Connection as an outside billing company.

Medicare: Dr. Paradoa/Dr. T. Caballes/Dr. R. Caballes are providers for Medicare. Your secondary insurance will be filed as a courtesy. However, if your secondary insurance has not made payment within 90 days of Medicare payment you will be responsible for any remaining balance.
Blue Cross/Blue Shield: Dr. Paradoa/Dr T. Caballes are providers of BC/BS. Any co-pay or deductible will be due at time of service.
United Health Care: Dr. Paradoa/Dr. T. Caballes are providers of UHC. Any co-pay or deductible will be due at time of service.
Private Insurance: Dr. Paradoa/Dr. Caballes requires payment at time of service. Your insurance company will be billed in a timely manner for you to receive any reimbursement you are entitled too.
Self-Pay: Dr. Paradoa and Dr. Caballes require payment in full at time of service.
Collections: All unpaid balances will be sent to an outside collection agency or small claims court, after all practice efforts have been exhausted. Any & all small claims & collections cost will be the patient's responsibility.
Return Check fee: A fee of $35.00 will be charged to any patient account for a returned check.
Appointment No Call/No Show: A fee of $25.00 will be charged to any patient account for a missed appointment.
Fee for completing paperwork: A fee of $35.00 will be collected from the patient at time of service .
X-ray Policy: X-ray CDs are $10.00 each and require a 48-hour notice. If you decide not to pick up the disc your account will be charged for the $10.00 fee regardless.

PHOTOGRAPH CONSENT FORM
I give consent to Dr. Paradoa and/or Dr. T. Caballes and/or Dr. R. Caballes and staff for any photography that may need to be obtained during my treatment. I understand this information will be kept in my chart.

I, the undersigned agree to all above, I also agree to be responsible for any charges incurred by me or not payable by my insurance company. I also agree to be responsible for any legal fees and/or court costs incurred as a result of my failure to pay for services rendered.

Patient Signature: _____ Date: _____