

Welcome to IU Health Southern Indiana Physicians – Podiatry. **We look forward to serving you!**

**Our facility is located at:**

1375 N. Wellness Way  
Bloomington, IN 47404  
T 812.355.6933, F 812.355.6958

**Visit us online at [SIPhysicians.org](http://SIPhysicians.org)**

**Our regular office hours are:**

Monday through Friday 8 am - 5 pm

**Our providers:**

Justin Hudson, DPM  
Kenneth Oglesby, DPM



**NEW PATIENT INSTRUCTIONS:**

1. Please fill out the enclosed Patient Information, Medical History and HIPAA forms. Bring them with you to your appointment.
2. If you have had prior exams, surgeries or treatments with another podiatrist, please obtain your medical files from these physicians **BEFORE** your appointment at our office. Similarly, if you had any X-rays, EMG, CAT scans, MRI scans, ultrasounds or biopsies pertaining to the podiatry problem we are seeing you for, you **must** also obtain these studies and the reports **PRIOR** to your visit and **BRING THEM WITH YOU**. From experience, we prefer you to personally bring in your records than to rely on mail or fax delivery. That office may require a signed release from you in order to obtain these files. If you have any questions or need assistance in obtaining outside files or records please call us. If you fail to bring these necessary documents at the time of your appointment, it may need to be rescheduled until these documents can be obtained from you.
3. Please bring photo identification and **ALL** insurance information with you to your appointment.

**BILLING and PAYMENT POLICIES:**

If your insurance policy requires a specialist office co-pay, it is **DUE AT CHECK-IN**. Also, we are required to collect \$35 at check in before each visit for self-pay patients and third-party insurance carriers.

**MEDICARE PATIENTS:** Our office accepts Medicare assignment which means we have agreed to accept the Medicare allowed amount and Medicare's payment will be sent directly to the physician. As a courtesy to you, billing of your supplemental insurance may also be filed from this office if you provide us with this information.

**PERSONAL INSURANCE BILLING:** As a courtesy to you, if you provide us with your insurance information, we will submit your charges to your insurance company. Once they have received the claim, they will notify you through an EOB (Explanation of Benefits) what they will reimburse the physician and the remaining amount. This remaining amount is the **patient's responsibility** and will be billed to you by our office. **Patient balances are due within 30 days.**

**REFERRAL FORMS or PREAUTHORIZATIONS** may be required by some insurance carriers. We are happy to assist you with questions, but ultimately **YOU** are responsible for knowing your insurance requirements and obtaining necessary referrals. Charges incurred without a proper referral will not be reimbursed by most insurance companies and will be the patient's responsibility.

**PATIENT CHARGES** are due within thirty days. We do understand that patients may experience financial problems occasionally. We are glad to set you up on a financial budget that fits your needs. If you need to arrange an extended payment plan, please contact Patient Accounts at 812.333.5915.

**MEDICATIONS** will **NOT** be authorized when the office is closed. Our policy states we will NOT prescribe any prescriptions during the weekend and federal or holiday office closings.