



Division of 1194466 Ontario Ltd.

Office Policy - Please read carefully before signing.

We appreciate your cooperation in upholding these guidelines:

- Appointment times vary, so please inquire. We advise that you call ahead to schedule a time with your chiropodist as we are often booked in advance and may not be able to accommodate last minute appointments.
- We accept cash, debit, Visa and Master card as forms of payments.
- We will do our best to see you in a timely manner and ask that you please be on time for scheduled appointments because it shows respect for you and other patients.
- We are happy to try to accommodate the rescheduling of appointments when given sufficient notice. Patients must provide a minimum of 48 hours' notice to change or cancel an appointment (Monday – Friday); cancellation otherwise is considered a No-Show. No-Show clinical appointments will lead to restrictions on advanced bookings and a No-Show fee.
- We reserve the right to refuse treatments to anyone not adhering to clinic policies or with an outstanding balance. Your chiropodist may terminate the treatments, without a refund, for any use of inappropriate language or actions.

Chiropody Information and Fee Schedule:

- The practice of Chiropody is the assessment of the foot and the treatment and prevention of disease, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means and governed by the College.
- Chiropody services and orthotics are covered by many private health insurance plans, WSIB, and Veterans Affairs Canada. Chiropody services are not covered by OHIP, so please check your plan for details.

Fees for Service, Orthotics and Footwear is based on the Canadian Federation of Podiatric Medicine and The Ontario Society of Chiropodists Fees Schedule and is subject to annual change. Initial Assessment w/ Consultation or Treatment \$75-\$85; Re-Assessment after 1 yr. \$20; Subsequent Visits Treatments \$45-\$60; Extended Treatments add \$10-\$20; Cryosurgery Fee \$70 plus \$15 for additional satellite locations; Photo Therapy (Laser) Treatment Initial \$75, Subsequent single location \$55; Orthotics Fees: range \$525-\$570 per pair, includes case fee and warranty, please inquire for additional pairs; Compression legwear, Therapeutic Sandals or Prescription Orthopaedic/Therapeutic Footwear Fees vary (modifications extra).

- I hereby certify that I am responsible for payment of all services.
- I have read and understand the above and will be bound to the terms and conditions outlined.
- I consent to the Chiropody treatment offered or recommended by my Chiropodist. I understand the nature and purpose of Chiropody treatments and that I may conclude treatment at any time. I intend this consent to cover the entire course of treatment for my present and future Chiropody treatments/appointments.
- It is our policy to notify your medical Doctor of your treatment and progress by phone, report and pictures as required.
- I agree to give consent to the Chiropodist and team members to collect, use, store and disclose personal information about me, for the purpose of treatment, billing, booking appointments and communicating with health care providers, and regulatory bodies.

Patient's Signature: _____ Date: _____