

Ark La Tex Foot & Ankle Specialists, LLC

Gregory W. Bryan, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

Blair Drummond, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

William K. Andress, D.P.M., D.A.B.P.S., A.A.C.F.A.S.

PATIENT INSTRUCTIONS BEFORE SURGERY

Please contact your insurance company concerning requirements for outpatient surgery to ensure maximum insurance benefits.

Pre-op labs should be completed **at least 5 days before** your procedure. **If medical or cardiac clearance is required**, please schedule an appointment with your regular PCP or cardiologist as soon as possible. All lab results and surgical clearances may be faxed to our office at 318-688-7058.

If your insurance policy includes a deductible, copay, or coinsurance for surgery, **your payment to our office is required one week before surgery**. If you are unable to meet this requirement, your surgery will be rescheduled to a later date. It is recommended that you contact your insurance company if you have any questions concerning coverage.

DO NOT eat or drink after 12:00 midnight the evening before your surgery. Doing so will result in cancellation of your surgery and a \$100 cancellation fee.

Blood thinners: If you take any blood thinners (Warfarin, Plavix, Coumadin, Eliquis, Xarelto, Pradaxa, etc.) you should check with your prescribing physician regarding when to hold these medications prior to surgery. Do not take any aspirin products, ibuprofen, Advil, Aleve, Excedrin, or Motrin for 7 days prior to surgery. **Do not** discontinue any medication without the approval of your prescribing provider.

Please **do not** shave your feet or legs the night before your surgery. Use of a razor may cause your surgery to be cancelled and a \$100 cancellation fee.

Take any medication you normally take the night before surgery unless your physician has instructed you to the contrary. If you are on **heart or blood pressure** medication and normally take it in the morning, you may swallow just enough water to take your medication the morning of surgery. Any other medications that you would normally take in the morning, you are to wait until after your surgery to take.

Someone from the surgery center/hospital will contact you one or two days before surgery with your arrival time.

If you are being admitted to the hospital for an overnight stay, bring appropriate clothing such as pajamas, robe, slippers, etc.

If you have your own crutches, walker or wheelchair and prefer to use them, have them with you the day of surgery. All of our procedures do not require that you use these aids.

You **MUST** have someone to drive you home from the hospital. You will not be discharged from the hospital without a responsible driver other than yourself.

If you have any questions, please do not hesitate to contact Denisha in our office surgery department at (318) 687-8447 ext 317.

YOUR SURGERY HAS BEEN SCHEDULED AT: _____

Patient Name

Date of Surgery

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INSTRUCTIONS AFTER SURGERY

1. Upon leaving the hospital or office, prop your feet up on several pillows in the back seat of the car on your way home.
2. If a walker or crutches have been dispensed to you at the hospital or office and use them as needed. In some cases a prescription will be written and you would rent them from a medical supply company. Most foot surgery does not require a walker or crutches, although some may even need the use of a wheel chair. Your physician will help you determine if any of these aids are necessary.
3. When you get home, get into bed, on the sofa or on a reclining chair. Keep your feet elevated day and night above the level of your heart for the first several days.
4. **DO NOT** bathe or shower. Just sponge from your knees up. If your bandages or cast get wet, the surgical site can get infected.
5. If casts were applied to your feet and legs and you were sent home with cast boots, please, always wear them when you walk. If you are wearing a plaster cast which feels tight and your toes become blue, tingling or numb, or if you can easily move your foot within the cast, call the office immediately.
6. If you have been sent home with wooden soled surgical shoes, wear them whenever you walk to protect your stitches. When lying in bed, protect the foot from too much pressure from the blankets by keeping the blankets and sheets very loose at the foot of the bed and wearing the surgical shoe while sleeping.
7. Walk as long as you feel comfortable, basically to the bathroom and back. If your foot begins to throb, it may indicate too much swelling. Therefore, lie down and elevate the foot for 15-30 minutes.
8. Please **DO NOT** remove your bandages! If you do, the surgery site can get infected. Also, the toes are often wrapped held in a particular position. If your bandages get loose, add more tape to the dressing, but **DO NOT** remove anything that your doctor has placed on your foot. Call for an appointment if bandages need to be re-done. They are only to be removed by your doctor or a staff member from our office.
9. Drink a lot of liquids, water and juice.
10. Exercise your ankles and knees every day to keep the blood circulating, bend the knee and ankle and rotate the foot for about 5 minutes each waking hour.
11. If you spill water, coffee, etc., on your feet, trip or fall, stub your toe against furniture, have excessive bleeding through the bandage, if the bandage falls off, etc., call the office immediately. If the bandages feel too tight and/or your toes become numb, tingling or turn blue, if there is bleeding, redness extending up from the ankle, or a painful lump behind your knee or in your groin, call the office immediately.
12. Please have any prescriptions the doctor has given you filled. In some cases, these medications will be given to you at the hospital.
13. If your temperature rises above 100, or if you have chills, please call our office.
14. **CALL** our office to make an appointment for your first post-operative visit.
15. **You now control the effort of your recovery. Adhering to these instructions will offer the most gratifying results. Our doctors can be reached after office hours by calling the office phone numbers, 687-8447, 746-9555 or 581-4949.**

Patient Signature

Date

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Shreveport, LA. 71106
phone (318) 687-8447
fax (318) 687-9950

2850 Plantation Dr.
Bossier City, LA. 71111
phone (318) 746-9555
fax (318) 746-9966

www.arklatexfootcare.com

POLICY FOR COMPLETION OF DISABILITY CLAIM FORMS

WE HAVE A NEW POLICY FOR COMPLETION OF DISABILITY CLAIM FORMS.
PLEASE READ THE FOLLOWING CAREFULLY.

1. The patient portion of the form must be completed entirely before it is submitted to the physician.
2. You must complete all of the information blanks that are highlighted on the physician portion of the form.
3. Please indicate on the top of the form whether you wish for the form to be returned to you at the home address listed on the form, to your employer or to the insurance company.
4. There will be a **PRE-PAYMENT** fee of \$20.00 for each disability form. This \$20.00 **PRE-PAYMENT** charge also applies to **ANY & ALL** disability forms for auto or home mortgage payments during any disability claim period.

NO FORM WILL BE PROCESSED UNLESS THE FOUR GUIDELINES LISTED ABOVE HAVE BEEN COMPLETED.

Sheri Fairfax
Practice Administrator

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To Cancel or Reschedule a Surgery

In an effort to efficiently manage the surgery schedule and provide the greatest number of opportunities to our patients, we require **7 days notice** to cancel or reschedule a surgery.

You may be asked to make a **\$100 pre-payment** at the time of scheduling in case a late cancellation fee is incurred. These funds may be applied to any deductible amount, coinsurance, or other account balance incurred before or after your surgery.

Any overpayment is eligible for a refund from our business office once all outstanding claims and balances have been satisfied. Please allow sufficient time for processing and mailing of your refund check. It may take a minimum of 90 days for your account to be fully processed.

If a refund check is issued, please deposit your check promptly. Checks are only good for six months from the date written. If a reissued check is required, a stop payment fee of \$36.00 will be deducted from the refund.

If you have any questions or would like to speak to a Business Office representative or management while you are here, please let us know. We are happy to do so.

Thank you for choosing us as your partners in healthcare.

Ark La Tex Foot & Ankle Business Office

385 Bert Kouns, Bldg. 200
Shreveport, LA 71106
318-687-8447
318-687-9950 fax

Patient signature

Date

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Patient Responsibility

For certain procedures, your insurance may require information from you before processing your claim. Please be aware that responding to inquiries from your insurance provider is your responsibility, and failing to do so in a timely manner may result in a denial. In this instance, the cost of your procedure will be billed directly to you.