

When you visit  
**Adirondack Foot Care,**  
you will experience a high level of patient care. Our goal is to provide you with proper treatment and diagnosis of foot-related conditions in a comfortable and professional environment

Our doctor of podiatric medicine, Salvatore Galluzzo, DPM, is a member of the American Podiatric Medical Association. Dr. Galluzzo and the rest of our friendly staff at Adirondack Foot Care are committed to improving the health of your feet, ankles, heels, and lower legs. As experts in the field of podiatry, we are able to provide you with comprehensive exams and diagnostic analysis of your condition. We also offer innovative treatments for injuries, diseases, and other conditions of your feet.



Adirondack Foot Care  
950 Rt. 146  
Clifton Park, NY 12065



# A D I R O N D A C K *Foot Care*

## Concierge Podiatry Services

**Dr. Salvatore Galluzzo, DPM**  
Doctor of Podiatric Medicine  
Serving Clifton Park New York  
and Surrounding Areas

**(518) 383-0302**

950 Route 146  
Clifton Park, NY 12065

*We'll Get You Back On Your Feet*

# Yearly Self Pay Podiatry Plans\*

## BRONZE - A: New Patient

1<sup>st</sup> Visit Evaluation \$255  
 1<sup>st</sup> Debridement \$90  
 5 Visits (every 65 days) 5 at \$65 each = \$325  
**Total \$670 / Discounted Rate \$595**

## BRONZE - B: Existing Patient

8 Visits 8 at \$65 each = \$520  
**Total \$520 / Discounted Rate \$475**

## SILVER - A: New Patient

1<sup>st</sup> Visit Evaluation \$255  
 1<sup>st</sup> Debridement \$90  
 5 Visits (every 65 days) 5 at \$65 each = \$325  
 + Corns/Callus 5 at \$50 each = \$250  
**Total \$920 / Discounted Rate \$795**

## SILVER - B: Existing Patient

8 Visits 8 at \$65 each = \$520  
 + Corns/Callus 8 at \$50 each = \$400  
**Total \$920 / Discounted Rate \$745**

## GOLD

1<sup>st</sup> Visit Evaluation \$255  
 1<sup>st</sup> Debridement \$90  
 5 Visits (every 65 days) 5 at \$65 each = \$325  
 + Corns/Callus 5 at \$50 each = \$250  
 XRays \$45  
 + 2 Emergency Visits for the year  
 Mon-Fri Office Visits \$525/visit  
 (Ingrowns/Evaluations/Sprains/Injections/  
 One Pair Pre-Fab Orthotics)  
**Total \$3680 / Discounted Rate \$2100**

## PLATINUM

All of the above  
 + Custom Pair of Orthotics \$870  
 XRays \$45  
 + 4 Emergency Visits for the year  
 Mon-Fri Office Visits \$525/visit  
 (Ingrowns/Evaluations/Sprains/Injections)  
 + 20% Discount on all other procedures  
**TOTAL \$5,000 / Discounted Rate \$2,900**

\*no refunds; all visits must be used within year allotted from first visit

# ONE FULL YEAR OF CONCIERGE PODIATRY SERVICE

BRONZE-A BRONZE-B SILVER-A SILVER-B GOLD PLATINUM

Patient: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_  
 (Number & Street)  
 \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex:  Male  Female  
 (Town) (State) (Zip)

Employer: \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ (Number & Street) (Town) (State) (Zip)

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ (Number & Street) (Town) (State) (Zip)

<b>PAYMENT</b>	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD # _____	EXP DATE _____	AUTH CODE _____
	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> Other: _____		

Who is your Primary Physician?: \_\_\_\_\_ Date of Last Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you find out about our practice?:  
 \_\_\_\_\_

What Foot Problem Brings You to Our Office: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## WHERE YOUR FEET COME FIRST

**Assignment and Release:** I hereby authorize my PAYMENT to be paid directly to Dr. Salvatore Galluzzo and acknowledge that I am ultimately financially responsible for all charges and/or balances.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 In the event of non-payment you may be responsible for reasonable costs of recovery & collection.