

# South County Foot & Ankle, Inc.

## Patient Financial Agreement

Our staff is happy to work with you to help answer questions you may have about the services we offer and how payment is handled. Please note, however, that some issues can only be addressed between you and your insurance provider(s). This document explains some common responsibilities you may have as a patient; please take a moment to review it and let us know if you have any questions or comments.

### **PATIENT RESPONSIBILITIES**

- You are responsible with providing us with **accurate billing** information for each family member at the time of service.
- If your insurance company requires you to choose a Primary Care Physician (PCP), it is your responsibility prior to your visit to ensure that you have **authorization** for your visit with us.
- Our billing staff is available to provide you with assistance, but cannot resolve disputes between you and your insurance company.
- If your insurance company requires a referral, it is your responsibility to obtain this from your Primary Care Physician **prior** to your visit to our office.

### **COPAYMENTS**

- **Your insurance company requires you to pay your copay at the time of each visit. These will be collected prior to your visit.**
- Your copay may be made with cash, check, Credit Card, or Debit Card.
- If your check is returned, a \$25.00 returned check fee will be assessed. After two subsequent returned checks, you will be required to pay by cash or credit card only.
- If you do not have insurance coverage at the time of your visit, you will be considered a “self pay” patient with payment due at time of service.
- Our billing department will send out billing statements for outstanding balances. **If your balance is unpaid after two billing statements, your account will be automatically sent to a collection agency.** It is the policy of our collection agency to report delinquent accounts to credit bureaus.

### **DEDUCTIBLES**

- **It is your responsibility to understand any deductibles that may apply to you under your Insurance Policy.**
- Our billing department will send you a statement of the amount your insurance company has determined is applied to your deductible and is owed by you.

**INSURANCE INFORMATION**

- It is your responsibility to ensure that we have accurate insurance information. If an insurance claim is rejected as a result of incorrect information you provided, you are responsible for full payment.
- South County Foot & Ankle will submit claims to your insurance carrier on your behalf. You give us permission to provide your insurer(s) with any information necessary for payment. You give us permission to ask your insurer to pay us directly for care we provide.
- If you have multiple insurance policies, you must inform us of each and every policy. It is your responsibility to know which insurer is primary and to inform us of this.

**INSURANCE COVERAGE**

- **Medical insurance does not always cover the entire cost of your medical care.** If we believe a service we are offering you may not be covered by your insurance, we will tell you. In some instances, however, we do not learn that a service is not covered until after we submit a bill. You are responsible for payment if your insurance company refuses to pay for a service.

**DURABLE MEDICAL GOODS**

- These include but are not limited to Night Splints, Braces, Shoe inserts, Orthotics, Air Braces, Diabetic shoes and ankle supports. These goods may not be covered either partially or in full by your carrier. In the event these goods are not covered, you will be expected to pay the balance at the time of visit or immediately upon receipt of billing.

**HOME ADDRESS AND TELEPHONE**

- You will be asked to complete a patient registration form that asks for important information about you. Please complete this form to the best of your knowledge, and keep us informed of any changes on subsequent visits.
- It is important that we have accurate information on the guarantor. This is the person who is financially responsible for your bills.

**SPECIAL CIRCUMSTANCES**

- We may accommodate special arrangements for payments in extenuating circumstances upon request. Please note that this is at our discretion. If special arrangements are made for divided payment, prompt reimbursement will be expected on the arranged schedule, and missed payments will be handled as any other delinquent payment as described above.

Please sign, to signify that you understand the information contained in this Financial Agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_