

## **Cortez Foot Surgery Center Financial Policy**

Thank you for choosing us as your foot and ankle health providers. We are committed to providing the best treatment for our patients. Please understand that payment of your bill is considered part of your treatment. All patients must complete the information and insurance forms before having a surgical procedure.

We cannot bill your insurance company without accurate information from you. Your insurance company will not process our claims if your insurer requests information from you and you fail to respond. Please be aware that some or perhaps all the services may be non-covered services and/or considered not reasonable and necessary under Medicare and/or other medical insurance. You should contact your insurer or health maintenance organization regarding your cost sharing responsibilities. This facility does not offer charity care.

**It is ultimately your responsibility to know the limitations and exclusions of your insurance policy.**

### **Medicare:**

Our facility and physicians participate with Medicare. We submit Medicare and secondary claims. If your secondary insurance does not pay your Medicare co-payments and/or deductible in full, or pays to the patient only, this amount is due 48 hours prior to your procedure. A form of payment is required to cover amounts not paid by insurance.

### **Insurance plans where we are “participating providers”:**

All co-payments and deductibles are due 48 hours in advance of your surgical procedure.

### **Insurance Assignments for other health plans:**

In most cases we will accept assignment of insurance benefits. We charge what is usual and customary for our area. You are responsible for full payment regardless of any insurance company’s arbitrary determination of usual and customary rates. Your insurance policy is a contract between you and your insurance company. We are not party to that contract.

Patients may visit the following website which offers a comparison tool to inform consumers regarding quality measures, inspection reports and health outcome data on all licensed facilities.

***FLoridaHealthFinder.gov***

FULL PAYMENT IS DUE 48 HOURS IN ADVANCE OF YOUR SURGICAL PROCEDURE, as indicated above. WE ACCEPT CASH, CHECKS, TRAVELERS CHECKS, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT. WE OFFER EXTENDED PAYMENT PLANS (Please see Financial Services Department before scheduling).

RECORDS REQUEST COST (To be paid 24 hours before pick-up).

NO SHOW FEE IS \$100.00 IF NOT CANCELED 24 HOURS BEFORE YOUR SCHEDULED PROCEDURE.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I understand that failure to pay my account may result in my account being turned over to a collection agency. I agree to pay all collection costs, which includes but not limited to, agency fees, court costs, attorney fees and any other fees or costs for the collection of my account balance.

I have read this Financial Policy and understand and agree to its terms,

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Patient Name

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Signature of Responsible Party

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Date