

OFFICE AND PATIENT FINANCIAL POLICY

We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff or supervisor.

- As our patient, you are responsible for making sure that the bill is paid in full. All charges are your responsibility and not the insurance company's. We must emphasize, as your podiatric medical care provider, our relationship is with you and not your insurance company. Your insurance policy is a contract between you and the insurance company. As a courtesy, we will file your insurance claim for you, if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. We will try to make sure that your insurance claim will be filed directly after each visit. The filing of a medical insurance claim is an expensive process that we extend to you at no charge, as a courtesy. However, we do ask that you pay all co-pays, deductibles, and non-covered charges the day of your service. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment.
- As a patient, you are responsible for all authorizations/referrals needed to seek treatment in this office.
- Unless other arrangements have been made in advance by you or your health insurance carrier, payment for office services are due at the time of service. We will accept Visa, MasterCard, American Express, cash, or check. **There is a service fee of \$25.00 for all returned checks.** Your insurance company does not cover this fee.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- *Medicare will cover surgery, x-rays, injections, and some other types of foot care. Medicare will not cover routine care such as the trimming of corns, calluses, or toenails. You will need to pay for that service unless you are a diabetic as documented by your family physician.*
- You must inform the office of all insurance changes and authorization referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
- For most services provided in the hospital, we will bill your health plan. Any balance due is your responsibility.
- There are certain elective surgical procedures that we require pre-payment. You will be informed in advance if your procedure is one of those. In that event, payment will be due one week prior to the surgery.
- *Past due accounts are subject to collection proceedings. All fees including, but not limited to collection fees, attorney fees and court fees shall become your responsibility in addition to the balance due to this office.*

Signature of Patient/Responsible Party: _____

Printed Name: _____ Date: _____

Witness: _____ Date: _____

_____ Patient initials to indicate copy received.