

CASTLE ROCK FOOT & ANKLE CARE OFFICE POLICIES

COLLECTIONS POLICY

- In the event your account is assigned to a collection agency, you agree to pay a collection fee in the amount equal to 30% of the balance due assigned to the collection agency.
- There is a returned check fee of **\$50.00**. If for any reason you write a check to our office that does not clear, This fee will be added to your account and collected at next visit.

DURABLE MEDICAL EQUIPMENT

- These items include, but are not limited to:
*Walking Boots, Night Splint, Ankle & Trilok Brace, Custom Orthotic & Children's Orthotic Inserts, Ped
Pillows Inserts, Vionic footwear, Any accommodative over the counter items*
- Items listed above are NON-RETURNABLE. We are restricted from re-selling items that have been taken from this office due to health regulation.

INSURANCE POLICY

- Please check with your insurance to find out if we are "in-network" with your policy and if you need a referral.
- Your insurance policy is a contract between you and your insurance company; therefore, you are responsible for payment whether or not your insurance company pays. If proper authorizations or referrals are not obtained, this may reduce the benefits paid by your insurance company. This would be patient responsibility.
- Failure to inform us of any changes to insurance may result in denied claims, and responsibilities being 100% patients.

MEDICAL RECORDS/ X-RAYS

- Your records are the property of the office. The original copy must stay in the office. As a patient, you may request medical records and purchase copies per the State of Colorado fee schedule. We require a signed waiver and request 2 weeks' notice. We do not print or place your X-ray images on a CD. You must bring a USB drive into the office for X-rays.

NEW PATIENT, BOOTS, PROCEDURE & OA DEPOSITS

- Based on your deductible and amount met, we may take a deposit for the above-mentioned items. This deposit will be applied to your billed responsible amount. Remaining money will be re-issued via our billing department. If these services are non-covered by insurance they will be marked down as Self pay.

LATE/NO-SHOW POLICY

- If you are unable to keep your scheduled appointment, please notify us **at least 24 hours** in advance so we can accommodate our other patients.
- We strive to take time with each individual patient. Your punctuality affects your appointment, as well as others'. If you are **15 minutes late**, we may be able to work you into the schedule at a later time or we may ask you to reschedule.
- Our office strives to stay punctual- this is because we do not overbook appointments in anticipation of cancellations. However, certain medical circumstances may be allowed exceptions.
- A no-show or short notice cancellation will result in a charge of **\$50.00**.
- On the second no-show or late cancellation appointment, it will be up to the Doctor's discretion as to whether a discharge letter will be sent disengaging you from the practice.
- For **CANCELED SURGERY**, you will be charged **\$350.00** for cancellation. (**If less than 7 days prior to scheduled surgery date.**)

PLEASE SIGN BELOW THAT YOU HAVE READ AND UNDERSTAND OUR POLICIES:

I _____ have reviewed the above policies.

Signature _____ Date _____