

Financial Policy

We are pleased to provide your podiatric care. Please understand that payment is part of your treatment. The following is a statement of our Financial Policy, which you need to read and sign.

Patients or their legal representative shall complete an information sheet which requests current insurance information before seeing the doctor.

- If Self Pay, full payment is due at the time of service
- Co payments are due at the time of service
- Coinsurance amounts are due at the time of service
- If you have insurance, your claim will be sent to your insurance company and any remaining balance due after their portion is paid will be your responsibility
- We accept cash, checks, and major credit cards. Returned checks will be subject to a \$25.00 fee

If you are unable to make timely payments due to financial hardship please contact our office for assistance with this matter.

REGARDING INSURANCE:

Your insurance is a contract between you and your insurance company. It is your responsibility to contact your insurance company to confirm network status of the physician prior to your visit. Should the doctor have an agreement with your insurance company, we will bill the insurance *if* it is a covered service.

Not all services are a covered benefit. It is your responsibility to check with your insurance company prior to your visit regarding what services will and will not be covered. If the service is a non-covered service you will be responsible for payment at the time of service.

If a patient is covered by both Medicare and Medicaid we will assume the patient is experiencing financial hardship in which case non-covered fees will be waived.

We are sure you have heard of “Identity Theft”. As our practice continues to grow, it is one of our top priorities to keep our patients personal information safe. As a result we will need to review your insurance card at each visit.

MINOR PATIENTS:

The child’s parent or guardian is responsible for payment at the time of service.

NEW PATIENTS:

New Patients are to arrive at the office 1 hour in advance of their appointment time to fill out necessary paperwork. If all of your paperwork is not completed by your appointment time, we reserve the right to reschedule you.

MISSED APPOINTMENTS:

As a courtesy, please contact our office to cancel an appointment a minimum of 24 hours in advance. If an established patient fails to show for three appointments without calling to cancel, the patient will be terminated. New patients failing to cancel their initial appointment will not be scheduled a second time. Missed appointments are subject to a fee.

ARRIVING LATE:

If you arrive 5 minutes late for your scheduled appointment time, we reserve the right to reschedule your appointment.

I, the patient or legal guardian, understand that by signing this form I accept full financial responsibility of this account.

Signature of Patient, Parent or Guardian

Relationship

Date