

Financial Policy

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. This office will provide you with any information that we are aware of regarding coverage for services or items provided by this office. Please contact your insurance company with any questions you may have regarding your coverage.

Please remember that insurance is considered a method of paying for health care costs. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. By accepting this financial policy, you hereby agree that it is your responsibility to pay any deductible, co-insurance, co-payment or any other allowed amount not paid for by insurance. Our office is not responsible for inaccurate or incomplete information supplied by you or your insurance company, and you accept full responsibility for payment should you or the insurer supply us with wrong, incomplete, or false information.

2. Copayments and deductibles. All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments and deductibles from patients is a violation of our contract with your insurance company. Please help us by paying your co-payment at each visit. If this office must bill you for your co-pay, a \$6.00 service fee will be added.

3. Non-covered services. Please be aware that some of the services you receive may not be covered, or may be considered “not medically necessary” by Medicare or other insurers. You must pay for these services in full at the time of the visit. This office cannot be responsible for the coverage provisions contained in your insurance policy. Your insurance benefits are a contract between you and your insurance company. It is recommended that you become familiar with the benefits of your insurance policy.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. When necessary, such as with HMO plans or Medicaid Medipass, obtaining the proper referral from your Primary Care Physician is your responsibility. Patients presenting to our office without a valid referral when required by your insurance, will be asked to pay all charges in full. This payment will be held for 48 hours and will become non refundable if the proper referral is not obtained within that time.

5. Claims submission. We will submit your claims and assist you in any way possible to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of the claim is your responsibility after the insurance has paid their portion of that claim. Your insurance benefit is a contract between you and your insurance company.

Insurance Filing. This office files most claims electronically, as preferred by most insurance companies. This also produces the most rapid turnaround time for payment.

Coding Claims. Claims filed with your insurance are coded with the utmost accuracy. This office employs billers and certified coders who are well educated in the claims filing process.

6. Workers Compensation. This office does participate with the Workers Compensation program, and will file claims with them. However, if Workers Compensation challenges the claim, the services provided by this office will be filed with your regular health insurance carrier. Legal proceedings involving Workers Compensation can take 1 or more years to resolve. In the event of legal action against Workers Compensation, claims will be filed with your regular health insurance. If you do not have regular health insurance, this office will work out a payment schedule with you, with payments beginning after the 60th day. If Workers Compensation has liability for your injury, we will reimburse you the money you have paid.

7. Insurance changes. If your insurance changes, please notify us at your next visit so we can make the appropriate changes to your personal file. Failure to do so will result in non-payment by your previous insurer, making the balance due your responsibility. A charge may be assessed by this office for filing the claim with the incorrect insurance company.

8. Patient Billing. Invoices are sent out every 30 days. Your prompt payment will assist us in keeping the cost of healthcare down. If your account is over 60 days past due, you will receive a letter requesting immediate payment. A re-billing charge of \$8.00 per month will accrue on all accounts over 60 days past due. Partial payments will not be accepted unless otherwise negotiated. Please let the billing office know if you have any difficulties resolving your bill. Payment arrangements can be made on a case by case basis. We accept the following payment methods: Cash, Check or VISA/MasterCard. An additional \$30.00 fee will be added to your statement if the check is returned for insufficient funds. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, which may affect your credit rating. If you require further care, you will be required to pay your balance in full prior to receiving additional medical care. If this balance remains unpaid you may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative podiatric care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

9. Missed Appointments. Our policy is to charge \$25.00 fee for missed appointments which are not canceled within a reasonable amount of time (24 hours). These charges will be your responsibility and billed directly to you. Please help us to better serve you and our other patients by keeping your regularly scheduled appointment.

10. Privacy Statement. Any information contained in your records will remain confidential and will not be used for any other reason except in providing quality care and treatment as well as to submit your claim to your insurance company and contact you as needed.

Our fees are representative of the usual and customary charges for our area.