

FINANCIAL POLICY

Thank you for choosing The Foot and Ankle Center as your health care provider. We are committed to your treatment being successful. The following is a statement of our financial policy, which we request you read and sign prior to any treatment.

*** IT IS YOUR RESPONSIBILITY TO PROVIDE THIS OFFICE WITH CURRENT INSURANCE INFORMATION ON EACH DATE OF SERVICE.**

*** ALL COPAYMENTS ARE DUE AT THE TIME OF SERVICE.**

Regarding Non Participating / Out of Network Insurance Plans:

As a courtesy to you, we will be happy to submit your insurance claim for you if you provide us with complete insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Therefore, the balance is your responsibility whether your insurance company pays or not.

Regarding Participating/Contracted HMO, PPO and POS Insurance Plans:

Our office participates with most managed care and indemnity insurance policies. It is **your** responsibility to verify participation with your individual plan. **You are responsible for notifying your primary care provider if you need a referral. You must have a valid insurance referral with you at the time of service.** In the event that your insurance changes to a plan that we are not participating providers, refer to the above paragraph.

Regarding Medicare:

We do accept assignment, however if you do not have a supplemental insurance, **the 20% co-insurance is your responsibility.** If you have a supplemental insurance, we will be happy to bill them for you.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area as determined by practices within the geographical area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

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

I have read the Financial Policy. I understand and agree to this policy.

SIGNATURE _____

DATE _____