

Advanced Podiatry

Payment Policy

Thank you for choosing us as your podiatric specialist. We are committed to providing you with quality healthcare. Because some of our patients have had questions regarding patient and insurance financial responsibility for our services rendered, we have developed this payment policy. Please read it, and ask us any questions you may have.

- 1. INSURANCE.** We participate with many insurance plans, including Medicare and some plans within Medicaid. If you are not insured by a plan with which we participate, payment in full is expected at each visit. If you are insured by a plan in which we participate, but do not have an up to date insurance card, payment in full is required at each visit until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage provisions.
- 2. PROOF OF INSURANCE.** All patients must complete our patient information form before seeing the doctor. We will need 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 the claim.
- 3. CO-PAYMENTS AND DEDUCTIBLES.** All co-payments and deductibles shall be paid at the time of service. This arrangement is part of your/our contract with your insurance company. It is our policy to collect a co-payment at every visit. If you do not pay your co-payment at the time of the visit (we accept cash, checks, and some credit cards), we may add a billing charge to your account. Some insurance companies may exempt certain types of visits from needing a co-payment. It is impossible for us to know which company exempts which type of visit; often we must wait up to three months for the insurers 'explanation of benefits' statement to find this out. If we should find out about an exemption when we receive the statement, we will adjust your previously paid co-payment as:
 - 1)** A Credit Balance; or
 - 2)** Payment on another account in which you are listed as the guarantor that has an outstanding balance for services provided in this office; or
 - 3)** A refund, if requested by you in writing.
- 4. CLAIMS SUBMISSION.** We will submit your claims and assist you in any way we reasonably can 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 any balance is your responsibility. If your insurance changes, please notify us before your next visit so that we can make

the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

5. **NON-COVERED SERVICES.** Please be aware that some- and perhaps all – of the services you received may not be covered for whatever reason by your insurance company. Our offices follow nationally accepted standards for coding and submitting claims to insurance companies. These standards, Current Procedural Terminology, are recognized and accepted by all Federal (Medicare/Medicaid) and the commercial insurers. Occasionally insurance companies misinterpret these guidelines and improperly deny payment for services. Some of their incorrect explanations are that a service is “bundled” or “non-covered” and “non-billable”. If an insurer improperly denies or refuses to accept a correctly coded and submitted claim, we will try to submit a correction on the claim to try to get the payment. Most claims are paid within 45 days, but in some cases of denials or appeals it can take up to 1 year. Once the claim is settled you will be billed for any balance due from the patient.

6. **NON-PAYMENT.** If your account is over 90 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise discussed. Please be aware that if a balance remains unpaid, we may need to refer your account to a collection agency.

7. **MISSED APPOINTMENTS.** We reserve the right to charge for missed appointments and for cancelled appointments if the cancellation is not made prior to the day of the scheduled visit. These charges will be your responsibility and will be billed directly to you. Please help us to serve you better by keeping your scheduled appointments or by cancelling prior to the day of the scheduled visit.

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

I HAVE READ AND FULLY UNDERSTAND THE ABOVE POLICY SET FOR ADVANCED PODIATRY, AND I AGREE TO THE TERMS OF FINANCIAL RESPONSIBILITY.

SIGNATURE

DATE