

## FINANCIAL POLICY

We are Committed to providing you with the highest quality of medical and surgical care. In return, we ask you to be equally committed to being fully responsible for paying our fees. This will help in reducing our billing and administrative burdens. Our goal is to maximize the quality of your care and minimize misunderstandings regarding fees and payments. To ensure quality communication, it is the patient's (and/or guardian's) responsibility to inquire about fees/ insurance coverage prior to any service being performed.

We accept many different insurance plans, however ALL HEALTH PLANS ARE NOT THE SAME and do not cover the same services.

### PRIVATE INSURANCE

If you are in a managed care plan (HMO/ PPO) with whom we participate, we abide by our contract with them. In either managed care plans or private plans, we will bill your insurance company; however, you are responsible for paying any co-pays, coinsurance and deductibles required by your plan at the time of treatment.

### MEDICARE PATIENTS

We accept assignment for Medicare; however, that does not mean that all services are covered. Patients are responsible for paying their annual deductible if it has not yet been met. You are also responsible for any co-payments, which are usually 20% of the allowed amount for an item or service.

### MEDICAID PATIENTS

We accept assignment for Medicaid; however Medicaid has placed certain restrictions on Podiatry. Medicaid will pay for children under the age of 21 with a referral from their primary care physician. Medicaid will pay for adults who have Medicare coverage in addition to Medicaid coverage, only if the patient's contract with Medicaid has QMB or QMB Plus benefits. If Medicaid does not pay YOU WILL BE RESPONSIBLE FOR PAYMENT.

### UNINSURED PATIENTS

Payment is due at the time of service.

### ALL PATIENTS

\*For your convenience, we accept VISA, MasterCard, American express, Discover, Care Credit, cash or check.

\*There is a service fee of \$35.00 for ALL returned checks.

\*If your account is referred to an outside collection agency / attorney, you shall be responsible for ALL fees associated with the collection of your account, including but not limited to, attorney fees and/ or court costs.

**PLEASE NOTE: IT IS THE RESPONSIBILITY OF EACH PATIENT TO KNOW THEIR CONTRACT LIMITATIONS. SPECIFICALLY, IF YOUR POLICY REQUIRES WRITTEN REFERRAL PRIOR TO YOUR VISIT, IT IS THE PATIENTS' RESPONSIBILITY TO OBTAIN THAT REFERRAL (OR HAVE IT SENT TO OUR OFFICE) PRIOR TO YOUR VISIT. DENIALS FROM YOUR INSURANCE COMPANY BASED ON LACK OF APPROPRIATE REFERRAL WILL BE BILLED DIRECTLY TO THE PATIENT/ RESPONSIBLE PARTY.**

**I have read, understand, and accept ALL responsibilities associated with this financial policy.**

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**PATIENT / OR AUTHORIZED REPRESENTATIVE**

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**DATE**