FAMILY Podiatry and Vein Care

Medical & Surgical Foot Specialist
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Family Podiatry, PA
Patient Financial Policy

- Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our staff.
- As our patient, you are responsible for all authorizations/referrals needed to seek treatment in this office.
- Unless other arrangements have been made in advance by you or your health insurance carrier, Payment for office services are due at the time of service.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will bill you directly for services provided.
- We have made prior arrangements with certain insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the deductible/coinsurance/co-pay at the time of service.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals, however; you remain responsible for charges to any service rendered. Patients are encouraged to contact there plans for clarification of benefits prior to services rendered.
- You must inform the office of all insurance or address charges and authorization/referral requirements. In the event the office is not informed, you will be responsible for any denied charges.
- For most services provided in the hospital, or outpatient surgical center, we will bill your health plan. Any balance due is your responsibility.
- There are certain surgical procedures for which we require pre-payment. You will be informed of the amount due in advance of the procedure. Payment will be due in full no later than one week prior to the surgery. A Deposit of, Two Hundred Dollars ($200) is required for all procedures prior to scheduling.
- Effective January 2013 Past due balances may be subject to a Finance charge computed by a "Periodic Rate" of 1.5% per month, which is an Annual percentage rate of 18%. All accounts not paid within sixty, (60) days are considered past due.
- Past due accounts are subject to collection proceedings. All cost incurred including, but not limited to: Collection Fees, Attorney Fees, and Court Fees shall be your responsibility in addition to the balance due to our practice, including any Courtesy Adjustments/Write Offs being reversed.
- There is a service fee of Twenty dollars ($20) for all returned checks. Your insurance company does not cover this fee.

Signature of Patient/Responsible Party: _____

Printed Name of Patient/Responsible Party: _____

Todays Date: _____