



ANKLE & FOOT

ASSOCIATES, LLC

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to providing you with the, best possible medical care. In order to achieve this goal, we need your assistance, and your understanding of our payment policy. Please Initial each section indicating you have read and understand this Policy.

PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, personal checks, Mastercard and Visa. Returned checks are subject to a service charge of \$20.00 or 5% of the face value of the check, whichever is grater, and you will lose your privilege to write checks in our office.

CANCELED APPOINTMENTS - Patients who do not cancel appointments will be charged an office visit after the third no-show.

MEDICARE - Your deductible and 20% of the allowable charges are due at the time of service. If we do not know the allowable charge for a specific service, we will bill you after Medicare pays. Please bring your Medicare Explanation of Benefits showing you have met your deductible.

WORKERS' COMPENSATION - We will call your employer to authorize your visit prior to your appointment. We will file with your company's insurance. In the event you fall to prosecute the clam for Worker's Compensation for this illness or condition, or it is determined by the Worker's Compensation board that the illness or condition is not a result of a compensable Worker's Compensation case, you agree to pay the usual and customary fees for services rendered to you in this case.

CHILDREN OF DIVORCED PARENTS - PAYMENT IS DUE AT THE TIME OF SERVICE no matter who is responsible by order of the divorce decree. The person presenting the minor child for treatment is responsible for any charges incurred.

FINANCIAL AGREEMENT - We will gladly discuss your proposed treatment and do our best to answer any questions to your insurance. You must realize, however that:

1. Your insurance is a contract between you, your employer, and the insurance company. we are not a party to that contract. We charge what is Usual & Customary for our area. You are responsible for payment regardless. of any insurance company's arbitrary determination of usual & customary rates.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e. g., orthotics)
3. We will file a claim with your insurance company as a courtesy to you. Any charges that have not been paid after 90 days will automatically be due and payable by you. Any payments received by the insurance company after that date will be refunded to you, providing there was a zero balance on the account.

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.** On any balance on your account after 90 days, Including those that Insurance has not paid, collection action will be taken. We realize that emergencies do arise and may Affect timely payment of your account. If such extreme cases do occur, please contact us promptly for assistance in the timely management of your account. If it becomes necessary to collect any sum due through an attorney, then the patient agrees to pay all reasonable attorney's fees, whether suit is filed or not.

If you have any questions about the above information,or any uncertainly regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

I will pay my co-payment / deductible amount today by _____ Check____ Cash _____ Credit Card.

I have read and understand the above Financial Policy.

Signature

Date

Witness

Date