

FOOT AND ANKLE WELLNESS CENTER FINANCIAL POLICY

Copays and open deductibles are due and payable at the time services are rendered. After your insurance carrier has made their appropriate payment you will also be responsible for any coinsurance they deemed applicable.

If you are not covered by any health insurance plan, and are therefore a self-pay patient, full payment will be due at the time services are rendered.

If your insurance carrier changes it is your responsibility to provide us with a copy of your new insurance card. If we are not informed of any coverage changes in the required amount of time, and are therefore denied payment by your new carrier due to “timely filing”, that days charge will be your full responsibility.

Some insurance plans, like HMO’s, require a referral from your primary care physician. You are responsible for obtaining this referral prior to your first appointment or full payment will be expected for the medical services rendered. It is also your responsible to obtain additional referrals as needed.

Our office accepts cash, check and credit cards. Our staff is here to gladly help you with any questions you may have regarding your balance or specific claim.

I have read the Financial Policy and understand it fully.

Patient signature

Date

Guardian signature (if minor)

Date

A copy of this agreement will be provided upon request.

Policy may be subject to revisions.