

Patient Financial Policy, First Step Foot Care, SC

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 front office staff or supervisor.

FINANCIAL RESPONSIBILITIES

- Patients are responsible to pay for any deductibles, copays, coinsurance, non-covered services, or any remaining balances at the time of service. We will accept VISA, MasterCard, Discover, American Express, cash or check.
- Payment for office services are due at the time of service unless we are billing to your insurance company. Patients are responsible to pay for whatever balance remains after insurance has paid their portion.
- All payments are due within 30 days of the statement date. Past due accounts are subject to collection proceedings. All fees including, but not limited to, collection fees, attorney fees and court fees, shall become your responsibility in addition to the balance due this office.
- If any account balance cannot be paid in full, the Billing Manager must be notified immediately and a monthly financial agreement may be established.
- There is a service fee of \$25.00 for all returned checks.
- There are certain elective surgical procedures that we require pre-payment. You will be informed in advance if your procedure is one of those. In that event, payment will be due one week prior to the surgery.
- For most services provided in the hospital, we will bill your health plan. Any balance due is your responsibility.

INSURANCE BILLING REQUIREMENTS

- As our patient, you are responsible for all authorizations/referrals needed to seek treatment in this office.
- 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 have to look to you for payment.
- We have made prior arrangements with 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 copay/coinsurance/deductible at the time of service.
- If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, all charges for your care and treatment are due 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; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- You must inform the office of all-insurance changes and authorization referral requirements. In the event the office is not informed, you will be responsible for any charges denied.

Signature of Patient/Responsible Party:

_____ Date: _____

Printed Name of Patient/Responsible Party _____

Witness: _____ Date: _____