FAMILY FOOT CENTER

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FINANCIAL POLICY

Thank you for choosing Family Foot Center to be your podiatric physicians. We are committed to your treatment being successful, as you, the patient, are our first and foremost concern. As part of our service, we try to contain the cost of healthcare. In an effort to do this, we have implemented a Financial Policy.

The following is a statement of our **FINANCIAL POLICY** which we request you read and sign prior to any treatment. To avoid any misunderstandings, please contact us should you have any questions about our policies.

INSURANCE: Please do not expect us to know the terms, conditions and individual coverage limits of your insurance policy. If you have questions regarding benefits and eligibility, please contact your insurance carrier to determine what your benefits are. This includes verifications as to whether one of our doctors is a contracted provider with your insurance carrier. Please note that you are ultimately responsible for payment for all services that are not covered by your insurance plan.

NO INSURANCE: If you do not have insurance or the doctor is not participating with your insurance plan, please be prepared to fully cover the fees for each visit at the time of treatment. Payment arrangements will be made prior to your visit with the physician.

PAYMENT: Payments for the balance due, co-payments, deductibles, ect., are due at the time of service and may be made by *cash, check, or credit card. (VISA or MASTERCARD).* There will be a $25.00 charge for all returned checks. Delinquent accounts will be referred for collection at the discretion of the office manager.

CO-PAYMENTS & DEDUCTABLES: We require that all deductibles, co-payments, and other non-covered services be paid by you at the time of your visit. We will add a billing fee of $5.00 if you do not pay your co-payment at the time of service.

INTEREST: Please be advised that any account balance owing past 30 days will be assessed with a 1.5% interest per month (or 18% annually).

MISSED APPOINTMENTS: Please help us serve you better by keeping scheduled appointments. If it is necessary to cancel, please call our office 24 hours in advance. This allows us to accommodate our other patients. We reserve the right to charge for missed appointments.

ORTHOTICS: Orthotics are a non-covered service by some insurance plans. Please check with your insurance company prior to the examination and casting for orthotics to determine your orthotic benefits. A deposit of $200.00 is requested at the time of the examination and casting and full payment is due when the orthotics are dispensed. Orthotics are non-refundable nor non-returnable.

SUPPLIES: For your convenience we make some supplies available for purchase in the office. If you choose to purchase these items, payment is due at time of purchase. We cannot bill for these items.

I have read and agree to the terms set forth in the above financial policy.
I am financially responsible for any balance due.

Signed _____ Date _____