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**PATIENT FINANCIAL RESPONSIBILITY POLICY**

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

* **INSURANCE COVERAGE** - Your insurance policy is a contract between YOU and YOUR INSURANCE COMPANY. As a courtesy, we will file your insurance claim. However, the patient is required to provide us with the most correct and updated information about their insurance, and will be RESPONSIBLE for any charges incurred if the information provided is not correct and updated.
* **APPOINTMENTS** - 24 hours notice must be provided in the event you cannot keep an appointment. Should you not provide us notice, a cancellation fee $25 may then be added to your account.
* **REFERRALS** - If your plan requires a referral from your primary care physician, it is YOUR responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If your plan requires a referral and you do not obtain one, YOU will be responsible for the visit charges in full at the time of service.
* **CO-PAYMENTS** - By law we MUST collect your carrier designated co-pay. This payment is expected at the time of service. Please be prepared to pay the co-pay at each visit. Should you not pay at the time of service and we subsequently send you a statement, an administrative fee of $20 may be added to your account.
* **OUT OF NETWORK PLANS** - You will be responsible for any balance your plan indicates as due on their explanation of benefits form unless prior arrangements have been made. We will adjust the charges with your plan's UCR (Usual, Customary and Reasonable) charges. All patients will be responsible for their co-insurance and deductible. If we do not "participate" with your plan, we will send a courtesy bill to that carrier on your behalf. However, should they not pay your claim in 45 days, you will be responsible for the full amount due. ***Should you receive payment from your insurance carrier, please forward it to the office immediately to avoid collection procedures***.
* **SELF-PAY PATIENTS** - Payment is expected at the time of service.
* **MEDICARE** - We will submit claims to Medicare. YOU are responsible for the deductible and the 20% co-insurance, which will be billed to ONE secondary insurance if you have one.
* **DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS** - The parent who consents to the treatment of a minor child is responsible for payment of services rendered. Metropolitan Ankle & Foot Care Specialists will not be involved with separation or divorce disputes.
* **You are responsible for the timely payment of your account. Should it become necessary for us to use an outside agency to collect payment, you will be held responsible for whatever charges we incur as a result of this.**

Signature of Responsible Party Date

Witness