

W E L C O M E T O O U R O F F I C E

We are pleased to welcome you as a patient. The following is our financial policy. We feel that it is very important that our patients have a clear understanding of our expectations regarding your billing and payment for our services. Feel free to ask questions. After your initial appointment, please advise the receptionist when you come in of any changes in your address, phone, place of work, or insurance coverage since your last visit.

FEES

The fees charged at this office are comparable to those charged by other specialists with similar qualifications in this area. The fees for treatment are payable at the time of visit, unless you carry an insurance that we bill. If your deductible has not been met, we ask that you pay for services in full until the deductible has been met. We accept cash, check, Visa or MasterCard. If other arrangements are needed, please talk to our billing staff prior to receiving service. Balances over 60 days old will incur a service fee. All accounts 90 days past due may be turned to our collection agency.

INSURANCE

We bill Medicare and insurance companies with which we are a contracted provider. Our receptionist can tell you if your insurance is one of these. It is your responsibility to provide us with your insurance identification card showing proof of coverage on your first visit. We urge you to carefully review your insurance coverage prior to your office visit. Policies are often confusing, misleading, and rarely pay everything. Our contractual arrangement is with you, our patient, and not your insurance company. If we do not bill your insurance, payment is due at time of service and we will provide you with a copy of your charges to submit to your insurance. The final responsibility for the services provided to you is yours.

CO-PAYS

Many insurance companies have a co-payment. Our office requires that you pay your co-pay at the time of your appointment. Please give your co-pay to our receptionist when you check in. Failure to pay your co-pay will result in an additional \$10.00 handling fee, not billed to your insurance.

REFERRALS

If your insurance accompany requires a referral from your primary physician, it is your responsibility to make sure our office has a copy. You are responsible to keep track of visits allowed and expiration date of your referral. If a referral is not in place, your appointment will be rescheduled.

SUPPLIES

Most supplies (i.e. padding, pre-fabricated orthotics, heel cups, etc.) are not covered by insurance and payment will be due at time of dispensing. Medicare will not pay for Darco shoes or orthotics.

CANCELLATION

With respect for other patients seeking treatment, we ask that you notify our office at least 24 hours prior to cancellation or change of appointment. Reminder calls will be made the day before when possible, but keeping your appointment time is your responsibility. When a child of divorced parents is seen, we will expect payment from whichever parent accompanies the child and that parent will ultimately be responsible for any unpaid balance. If you are having financial difficulty, our Patient Accounts office will be happy to work with you. We do monitor our accounts regularly and non-payment may jeopardize your ability to be seen by our physicians.

Thank you for choosing Mulberry Foot Care.

I HAVE READ AND ACCEPT THE Mulberry Foot Care FINANCIAL POLICY.

Signature of Responsible Party Date

Please Print Name

Financial Policy Mulberry Foot Care, LLC

We would like to welcome you to our office, and are happy you have chosen us for your medical care. Our goal is to provide you with the best possible care available. In order to meet this goal, we need your assistance and understanding of our patient policies. Our Financial Policy is a necessary part of assuring the financial resources needed to maintain this health care facility for our patients.

Insurance Companies

We are here to help answer any questions you may have regarding your insurance coverage and payments. However, your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract, unless we are a PPO provider with your plan. Insurance payments are based on a Usual and Customary Rate (UCR) by most companies. Our fees generally fall within the UCR range; unfortunately, some insurance companies reimburse on a fee schedule which may bear no relationship to the current standard and cost of care in this area. Unless we are participants with your plan, you will be responsible for our charges regardless of the company's arbitrary determination of UCR.

If we are a part of your PPO, we will file your claims directly to your company. If we are not, we will supply you with an extra copy of your visit to send to them.

Office Visits

Full payment of services is due at the time of your visit. We accept cash, checks, Visa/MasterCard, American Express, and Discover credit cards. If you have a PPO plan, co-payment and deductible amounts will be collected at the time of the visit.

Surgical Procedures

We will file insurance claims for patients requiring surgery. Surgery deposits are required prior to the procedure. The deposit is an estimated amount and consists of your deductible (if not met) and your co-payment percentage (i.e. 80/20% or 70/30%) of the total cost. We will do everything we can to ensure your claim is paid. However, you are the responsible party, and you will be expected to pay any remaining balance.

Unpaid Balances

Balances that are due for greater than (60) days will begin incurring interest at an annual percentage rate (APR) of 15%.

Fees for Business Activities

These fees for completion/preparation of the following forms/correspondence may not be covered by your insurance plan. Forms for disability, written correspondence to employers, schools and insurance companies. These fees are collected in advance.

I have read the above and I understand and agree to this financial policy.

Signature of Patient (or responsible party)

Print Name Please Date

Dr. Ace Irvin Anglin – Mulberry Foot Care, LLC

1620 Mulberry Street
Montgomery, AL 36106
Tel: 334.239.7335
Fax: 334.267.1815