

Canton Foot Specialists - FINANCIAL POLICY

INSURANCE COVERAGE

The following financial policy applies to all patients who have insurance coverage. Please carefully read and sign this agreement providing you agree with it. Let our finance staff know if you have any questions.

- 1) We will be happy to bill your insurance company for your care providing you give us all the information we need. Even though you have insurance coverage, please remember that paying for your care is your personal responsibility.
- 2) You are required to pay your portion of the charges at the time of service. This includes the annual deductible, co-payment, and charges your insurance company refuses to pay. Our office policy does not allow us to extend credit.
- 3) We will need to verify your insurance benefits by contacting the insurance company.
- 4) We will bill your insurance company. Payment is expected within 60 days. We will automatically transfer and bill you for any payments not received from your insurance company after 60 days. You need to pay us in full at that time. Any amounts you personally owe that are 30 days late will receive a service charge of 1½% per month, and if any further collection actions are needed you will be held responsible for any collection fees.
- 5) Your insurance company may request additional information from you. Please send the information to them right away. They will not pay your claim until they receive the information.
- 6) Occasionally, an insurance company will send a payment to a patient. If this occurs, bring us the check and the attached stub. The information on the stub is very important.
- 7) If you suspend or terminate your care against the advice of your doctor, all outstanding charges that have not been paid by you or your insurance company will become immediately due and payable by you personally before you leave.
- 8) **MEDICARE PATIENTS:** Please understand that you have a deductible that must be met yearly before Medicare starts paying for your visits. Then, after Medicare pays 80% of their approved fee, you will be responsible for your 20% co pay. We will gladly bill this co pay amount to your secondary insurance, but they may or may not pick it up. If they refuse to pay, the co pay will be your responsibility.

By signing below you agree to follow this policy.

SIGNED:

Patient

Date

Print Name

Finance Staff

Date

Canton Foot Specialists - FINANCIAL POLICY

DIRECT PAYMENT

The following financial policy applies to all patients who will be paying for their own care. Please carefully read and sign this agreement providing you agree with it. Let our finance staff know if you have any questions.

PAY IN FULL

You will need to pay your portion of the charges at the time of your visit. If there are charges that arise that we were unaware of at the time of your appointment you will be billed for that amount, and payment is expected in full at the time. If for any reason amounts you personally owe are 30 days late we will be adding on a service charge of 1½% per month, and if any further collection actions are needed you will be held responsible for any collection fees. We have found it easier and less expensive for all when our patients are fully paid at the time of their service. You can pay with cash, a check, MasterCard, VISA or Discover.

We are very happy you chose us for your foot care. We will do all we can to help you achieve optimum health. Please let any of us know of any way we can better serve you.

By signing below you agree to follow this policy.

SIGNED:

Patient

Date

Print Name

Finance Staff

Date

Canton Foot Specialists

HMO PATIENT POLICY

HMO patients must have their referral forms with them in order to be serviced in our office. It is the patient's responsibility to make sure your primary care physician's office has sent or faxed us a referral if you are not carrying it in with you for your appointment.

If you wish to see the doctor today without a referral from your primary care physician, please fill out the following and we will arrange to have your service performed for you:

I arrived today without the necessary referral from my primary care physician.

I understand that I will be billed for today's services and will be responsible for any and all associated charges.

When the proper referral is presented, the charges will be transferred to my insurance company and the appropriate claim forms will be submitted on my behalf.

I realize that a referral form is not a guarantee of payment or an assurance of benefits.

Signature

Print Patient's Name

Date