

# Comprehensive Foot and Ankle Centers

## Patient Financial Responsibility Policy

### Address Change

- It is important that we have your correct contact information on file. Please advise our staff if there is any change to your address, telephone number, or other contact information.

### Co-payments, Deductibles, and Co-insurance

- Co-pays are due at the time of service.
- Insurance deductibles and fees for services not covered by your insurance, if known, may be collected at the time services are rendered. We accept cash, check, and credit cards (Visa, MasterCard, and Discover only).

### Billing

- If additional money is owed after your visit, you can expect to receive a statement. Statements are mailed monthly. Payment is expected by the due date reflected on the statement. Accounts with balances over 120 days without payment are subject to collections.
- Payment plans are available upon request. You must call our billing department to request a payment plan and arrangements are based on your balance. Monthly payments need to be made by the due date to keep your account current or the account is automatically turned over to an outside collection agency.

### Failure to Pay

- Patients who ignore statements and fail to pay their balances in a timely manner risk having their accounts turned over to an outside collection agency, which could result in negative credit ratings and dismissal from the practice.
- Past due accounts may hinder your ability to have appointments scheduled.
- Should your account balance become uncollectible or if you file bankruptcy, we will continue to see you on an emergency basis only for 30 days, giving you time to find a new source of medical care.

### Fees

- Returned checks are subject to a \$32 fee and your account will be placed on a “cash-only” hold, meaning that we will only accept cash or credit cards for all payments for the duration of your care.
- Failure to give 24 hours cancellation notice or not keeping your scheduled appointment may result in a \$25 “No Show” fee. Repeat “no shows” may be dismissed from our practice.
- Our practice charges a \$15 administrative fee for completing forms such as FMLA, disability, etc. These fees are due before the forms are filled out and returned to you. These charges will not be filed to an insurance company for reimbursement.

### Guarantors, Minors, and Dependents

- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. This policy includes individuals negotiating divorce agreements.
- Parent and guardians are responsible for payments for their dependents at the time services are rendered. Minors and dependents must present a valid insurance card at each visit if a claim is to be filed. The accompanying parent or adult is responsible for full payment at the time of service.

### Worker's Compensation

- The patient must provide at time of service: a claim number, name of the carrier, claim address, the date of injury, employer at time of injury and name and number of the claim adjuster. Without this information, the patient will be held responsible for all charges, and payment will be collected at time of service. If payment is received by worker's compensation in this case, the patient will be reimbursed.

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Printed Name of Patient

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Signature of Patient or Legal Guardian

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Date