

## Financial Policy

We want your experience with us to be as smooth and stress-free as possible. This includes helping you understand your financial responsibilities for the care you receive. If you ever have questions, please feel free to ask our team—we're here to help.

➤ **If You Don't Have Insurance:**

Full payment is due at the time of your visit. We can provide a free estimate of expected charges based on the anticipated services you may need. For any potential surgeries, 50% of the cost is due before the procedure.

➤ **Insurance and Claims**

We file claims as a courtesy, but your insurance contract is between you and your insurance company. If claims are denied or delayed past 90 days, payment in full is required.

➤ **Payments:** We accept cash, check, debit card, credit cards, and Care Credit. If a patient is a minor, the accompanying parent/guardian is responsible for payment. For patients with an outstanding surgical balance, a secure credit card on file is required.

- Co-Pays, Deductibles, Non-Covered Services and Outstanding balances are due at the time of your appointment.
- Patients who have not met their annual deductible will be required to pay a portion at the time of the appointment:

New Patients	\$150 plus any copay (if applicable)
Existing Patients	\$75 plus any copay (if applicable)
In-Clinic Procedures	50% of the procedure cost (up to remaining deductible)
Surgical Procedures	50% of the surgeon costs (up to remaining out of pocket maximum)

- After your insurance processes this claim, any remaining balance is your responsibility and due in full once billed.
- A \$25 service fee for any returned checks/insufficient funds will be charged.

➤ **Outstanding Balances**

- Accounts with 3 statements and no payment or communication may go to collections and 25% collection fee and possible legal costs may apply.
- We may not schedule future visits until balances are addressed.

➤ **Cancellations/No Shows**

- Canceling with less than 1 business day notice or missing an appointment results in a \$25 fee.
- Arriving more than 15 minutes late may require rescheduling.
- Three (3) documented same-day cancellations or no-shows may lead to your dismissal from our practice.

- **Referrals:** You are responsible for obtaining any necessary referrals if required by your insurance company. If a referral is not obtained and is necessary, you are responsible for full payment.
- **Workers Compensation:** Authorization is required before your first visit. If denied, you are responsible for payment.

**Attestation Statement:**

*I have read, understand, and agree to the provisions of the Foot and Ankle Specialists Financial Policy. I understand that I am ultimately responsible for all charges associated with my care, including co-payments, deductibles, and any services deemed 'non-covered' or 'not medically necessary' by my insurance plan. I agree to pay all charges due at the time of service or within the terms established by this practice. I understand that failure to pay may result in collections actions and that I may be responsible for collection agency fees.*

---

Print Name of Patient

---

Signature of Patient or Parent/Guardian

---

Date