

Foot & Ankle Specialists of NM

FINANCIAL POLICY

- As a courtesy to our valued patients with insurance plans, our office will file insurance claims for reimbursement for all rendered services. **Actual benefit payments are determined only when the claim is processed by your insurance company.** Therefore, it is the insurance company that makes the final determination of benefits. If the insurance payment does not fully reimburse for the treatment rendered, the financially responsible person is responsible for the remainder of the balance. If you provide incorrect insurance information and/or fail to notify us of a secondary or third insurance payer, you will be responsible for any denied claims or for any monies that insurance takes back as a result of non-disclosure.
- **Co-payments & Deductibles:** Your insurance company requires co-payments and deductibles to be paid in full at the time of service. We will verify that information with your insurance company prior to your visit(s).
- **No Insurance (Self Pay):** Foot & Ankle Specialists of NM requires payment in full at the time of service. The charges will depend on the severity of your health problems.
- **Referrals:** If your insurance company requires a referral, it is YOUR responsibility to obtain the referral. Failure to obtain the referral could make you financially responsible if your claim is denied for that reason.
- **Returned Checks:** There will be a \$25.00 fee for any returned checks (insufficient funds)
- **FMLA (Family Medical Leave Act Paperwork):** There is a \$25 charge for the physician to complete FMLA paperwork.
- **Forms/Documents/Copies:** It is our policy to charge a minimum of \$25.00 for completion of all forms, such as disability applications, and copies of all medical records.
- **Worker's Compensation:** We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.
- **Missed Appointment Fee:** Any patient who does not show up for an appointment will be subject to a \$50.00 fee after the 2nd occurrence. This fee must be paid before a new appointment is scheduled. Patients with 3 (THREE) missed appointments will be asked to transfer their records to another doctor.
- **Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, and any payments or credits applied to your account during the month. A \$10 rebilling fee will be assigned for any accounts over 60 days without payment or payment arrangements.
- **Refunds/Exchanges:** Any items purchased in our clinic or store are recommended by the physician for your specific treatment plan. All purchases are non-refundable. We will provide an exchange if an item has been deemed defective.
- **Payments:** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the due date on your statement. We are always willing to work out a payment plan, if needed.
- **Past Due Accounts:** If necessary, a collection agency will be employed to collect overdue accounts and the collections fee will be charged to the patient's account. You understand that if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record and you consent to such disclosure.

I certify that I have read, understood, and agree to the financial policy.

Signature

Date

Patient's Name (printed)

Responsible Party Info (PLEASE COMPLETE ONLY if the party responsible for payment is NOT the Patient or Insurance Policyholder.)

Responsible Party Name (Last/First) _____

Relationship to Patient _____

Responsible Party Address _____ DOB _____