



Patient Financial Policy

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front desk office staff.

- As our patient, you are responsible for all authorizations/referrals needed to seek treatment in this office, and if applicable, obtain a referral from your primary care physician prior to your appointment.
- Unless other arrangements have been made in advance by you, or your health insurance carrier, payment for office services are due at the time of service. We will accept VISA, Mastercard, Discover, cash or check. Returned checks are subject to a service of \$30.00 or 5%, whichever amount is greater, and you will lose the privilege to write checks to our office. Your insurance company does not cover this fee.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period we will have to look to you for payment.
- We have made prior arrangements with certain insurers and other health plans to accept and assignment of benefits We will bill those plans with which we have an agreement and will only require you to pay the co-pay/co-insurance/deductible at the time of service.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered," or you do not have an authorization you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- You must inform the office of all insurance changes and authorization/referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
- Children of divorced parents: payment is due at the time of service, regardless of who is responsible by order of the divorce decree.
- For most services provided in the hospital, we will bill your health plan. Any balance due is your responsibility.
- There are certain elective surgical procedures for which we require pre-payment. You will be informed in advance if your procedure is one of those. In that event, payment will be due one week prior to the surgery.
- If your account is 90 days old and unpaid, including those that your insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such case occurs, please contact us promptly for assistance in the management of your account. If your account is sent to collections for unpaid balances, you agree to pay all reasonable costs of collections, including fees, whether a suit is filed or not.
- I hereby assign Arches Foot and Ankle Clinic all payments for medical services rendered to myself or dependent. I understand that I am responsible for any amount not covered by my insurance. I hereby understand that if I do not have active insurance coverage, that I am being accepted by Arches Foot and Ankle Clinic as a self-pay patient and am held financially responsible for all services rendered.

By signing below, I recognize that I have read and understand the office financial policy.

Signature of Patient/Responsible Party: _____ Date: _____