Financial Policy

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED

All co-payments, co-insurance, unpaid deductibles, non-covered services, or outstanding balances must be paid at the time of service. Please be prepared to pay on the day of your treatment visit. Any previous unpaid balances must be paid in full, or payment arrangements made prior to additional services being rendered. We accept, cash, checks, VISA/MasterCard/Discover/American Express, and CareCredit.
RETURNED CHECKS: A $45.00 NSF fee in addition to the unpaid balance will be charged for all returned checks.

INSURANCE

If you are insured by a plan in which we participate, we will file your insurance claim for you. Patients are asked to provide up-to-date insurance information/card(s) including any secondary policies if applicable, and accurately complete all patient registration forms. Failure to do so may result in your medical claims being denied with no appeal rights afforded. **Your insurance policy is a contract between you and your insurance carrier. You are responsible for knowing the limitations of your policy.** Patients without insurance or with policies we do not participate in will be responsible for payment in full on the day services are rendered.

CLAIMS SUBMISSION

All claims are billed as a courtesy to the patient. Should your insurer require additional information it is your responsibility to comply with their request in a timely manner so that your claim can be processed. The balance of your claim is your responsibility regardless of payment by your insurer. If you have **secondary insurance** coverage we will submit your claim **one time**, should your secondary policy fail to pay within 60 days the balance will be billed to you and payment expected in full.

SUPPLIES AND RETAIL PRODUCTS

All podiatry supplies, products and goods dispensed which are not billable to insurance must be paid in full at the time of service. **No returns on any of these products are accepted.**

REFERRALS

If required, it is the responsibility of the patient to obtain all necessary referrals whether electronic or in writing **prior** to your visit and bring it with you. Please be advised that a valid referral does not guarantee payment by your insurer. Patients presenting without a referral will be rescheduled or responsible for payment on the day services are rendered.

MINOR PATIENTS, DIVORCE/CUSTODY CASES

Please be advised the parent/guardian who accompanies a minor patient to our office will be held responsible for proof of insurance, referral if necessary, and payment at the time of service, regardless of custody or provisions of divorce decree. Unaccompanied minors will be denied treatment unless a prior authorization and a consent form has been signed in advance.

FORMS AND MEDICAL RECORD REQUESTS

A fee of $15.00 will be charged per form for the completion of FMLA, sick leave, AFLAC, disability insurance forms, etc. Payment is due at the time the forms are requested. All paperwork is completed in the order received, no longer than 7 business days. Medical record requests are charged a flat rate copying fee of $20.00 with $1.00 for each additional page over twenty.

SURGERY CANCELLATION POLICY

Any surgeries canceled within less than 7 business days of the scheduled surgery date will incur a cancellation fee of $125.00. (Fee will be waived if surgery is canceled due to the patient not being cleared for surgery by family physician).

MISSED APPOINTMENT POLICY

We kindly request patients make every effort to contact our office within 24hrs of their scheduled appointment if they need to cancel or reschedule. Patients who fail to cancel will be charged an office visit after a third no-show.