

Financial Policy

Thank you for choosing us as your foot and ankle specialist. We share your concern regarding the rising cost of healthcare. Because of this, we have established financial policies which are necessary to help hold down the overall cost of your care. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. All co-pays and deductibles are due at the time of service unless prior arrangements have been made. We accept cash, check, money order Visa and Master Card.

Insurance

Due to the number of insurance companies, it is impossible for us to be acquainted with each individual policy's guidelines. We ask that you understand your particular insurance policy.

The following are common terms associated with insurance:

- EOB- Explanation of Benefits- This is a statement from your Insurance company of what they have allowed/paid
- Deductible-The amount you are responsible for each year prior To any payment made by your insurance company
- Co-Pay- A set fee you are responsible for at each office visit/ Procedure (example \$20.00)
- Co-Insurance- A percentage of the services rendered not paid by your insurance company.
- R & C- Reasonable and Customary- The amount your insurance company decides they will pay for any specific procedure (This amount varies for each insurance company, therefore we have set our fees at or below the nations average)

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 and Ankle & Foot Centers of Mid-America directly. Although we do not participate with all insurance programs, we will process and submit your insurance claims. Normally, you will only receive a bill from us once your insurance company has paid. We send your insurance claim within 2 days of services. However, if your insurance company does not pay, or we have not heard from them within 90 days, you will receive a statement from us as we will assume your insurance company has made payment to you directly. Please remember that it is your responsibility to promptly answer any requests for information from your insurance company which might hold up processing of your claim. Most insurance companies will send you an EOB within 45 days. If you have not heard from them we encourage you to contact them to determine the status of your claim.

All health plans are not the same and do not cover the same service. 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; 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.

If you have two medical insurance plans, it is your responsibility to inform us which plan is your primary (first), and which is your secondary (second). You must inform us if one of both insurance plans change or are no longer effective.

Fees and Payments

In order to control costs, payment for all co-pays and deductibles is expected at time the services are performed. If you are unable to do so, please discuss your situation with the billing coordinator or the facility director so that special arrangements can be made. We will make every effort to accommodate unusual circumstances that make your financial obligations difficult to fulfill. If you are suddenly going through financial hardship, please contact the facility director to discuss your situation.

The fees for evaluation and treatment vary depending upon the complexity of your condition and the treatment required.

Past due accounts are subject to collection proceedings. All fees including, but not limited to collection fees, attorney fees, and court fees shall become your responsibility in addition to the balance due on your account at this office.

There are certain procedures that require prepayment. 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 procedure.

As a courtesy to our patient, you are welcome to have your credit card on file with us, if you are going to receive a bill from us we will contact you to let you know you will be receiving a bill and asked if you would like it placed on your card. Please ask the receptionist for a copy of our payment agreement if you would like this service.

There is a \$25.00 service fee for all returned checks. Your insurance company will not cover this fee.

Additional charges may be incurred for copies of your records, x-rays, etc. You will be notified of charges prior to services rendered for this.

If you have any questions regarding your treatment, your account or our office policies, please phone during business hours. We will see that you are referred to the staff person that is most qualified to answer your questions. I understand the financial policy of Ankle & Foot Centers of Mid-America and agree to all the terms and conditions.