

# FOOT & ANKLE SPECIALISTS, PLLC

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## OUR OFFICE FINANCIAL POLICY

We are committed to helping you receive the maximum allowable benefits from your insurance. Even if you don't have insurance, we offer the same level of support with your account. To meet these goals, you must understand and agree to the terms of our office financial policy.

1. Health insurance is a contract between YOU and your INSURANCE COMPANY. Our contract with your insurance company is independent of your contract with them. We DO NOT set the amount of your co-payments, co-insurance, or deductible - your insurance company does. We are required by our contract with your insurance to collect these amounts.
2. Health insurance policies vary and specific benefits for each plan are often very different. Unfortunately, not all medical services or supplies are covered benefits under every insurance plan. Some insurance companies elect to NOT cover certain services and supplies. We cannot provide a guarantee your insurance will pay for services rendered or supplies dispensed through our office. If you have questions about your benefits and coverage, please contact your insurance company directly. Our expertise is *health care*, not *health insurance*!
3. You are responsible to meet all out-of-pocket expenses determined by your health insurance (deductibles, co-insurance, co-payments, non-covered services and supplies). You are responsible to make required co-payments at each office visit. Follow-up visits still require a co-payment. Only certain surgical procedures have a global period in which co-payments are not required.
4. All charges in our office are your responsibility. Health insurance simply functions as a form of payment. As a courtesy, we will submit insurance claims for you. We will make every effort to first collect from your insurance company, but those balances left unpaid by them are your responsibility.
5. Payment for services is due at the time medical services are rendered, unless insurance or other arrangements have been made. We accept payment in the form of cash, check, Visa™, MasterCard™, American Express™, and Discover™.
6. We reserve the right to charge a \$20 collection fee on any co-payment not made at the time of service.
7. We reserve the right to charge a minimum \$35.00 fee if you fail to keep an appointment or if you cancel an appointment with less than a 24-hour notice.
8. Returned checks are subject to a \$35.00 fee. Outstanding balances older than 30 days are subject to additional collection fees and interest of 1.5% per month. If your account is referred for collections, you agree to pay a collection fee of up to 40% on outstanding balances, attorney fees, court costs, and interest of 1.5% per month.
9. We DO NOT submit anything more than secondary insurance claims. If you have a third insurance, you will need to submit claims.
10. We realize that unfortunate financial problems may affect you and timely payment on your account. We are committed to maintaining a strong relationship with you. If such financial problems do arise, please contact us as soon as possible so we may assist you in managing your account.

If you have any questions or concerns about this policy, or if you simply are unsure about your insurance coverage, please don't hesitate to ask us. We're here to help you! I have read the above financial policy and have had an opportunity to ask questions. I understand my financial obligations to Dr. Williams and Foot and Ankle Specialists, PLLC. I agree to abide by this policy regarding my care here with Dr. Williams.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_