

Podiatry Plus PC

Office Policies, Billing Procedures, and Financial Responsibilities

1. You are financially responsible for ALL services rendered. We will bill your insurance as a courtesy if provided with the correct information. **CO-PAYS ARE DUE AT THE TIME OF SERVICE.**
2. With the wide range of coverage's that exists, it is impossible to know in advance how your carrier will reimburse. Therefore, you may receive a detailed bill outlining your non-covered benefits, co-payments, and deductibles. **THIS IS YOUR RESPONSIBILITY.**
3. It is quite common for insurance companies to delay payment. Therefore, bills from our office may be up to 18 months old. We will attempt to rebill the insurance only once. If unsuccessful you will be notified via a statement.
4. If a past due (patient responsibility) balance remains unpaid beyond 30 days, your statement may reflect a LATE CHARGE of \$20 and in addition, a 1 ½ % interest rate that will be added each month not paid. Our office uses the collection agency: Accounts Receivable Solutions in St Johns.
5. If you are in Collections **BALANCE** must be paid prior to making another appointment.
6. All over the Counter products **MUST** be paid for on date purchased, NO REFUNDS OR RETURNS ON OTC ITEMS. Must go through manufacture.
7. It is **your** responsibility to obtain any required referrals to our office. If you fail to obtain the necessary paperwork, your appointment could be delayed or rescheduled. You will be held financially responsible for any care that is received without the proper referral if your insurance requires it.
8. Please contact our office 30 days in advance if you need a copy of your chart or x-rays, this must be in writing. A copy of your Chart is \$20.00, while the x-rays are \$5.00 a disc. **THE ORIGINALS ARE THE PROPERTY OF PODIATRY PLUS PC.**
9. Certain information is needed to process claims, submit cultures, order tests and so forth, we must obtain a copy of your Driver's license (guardian if minor) and your insurance card. Along with that information we also need your
10. **Social Security Number** of the patient (guardian if minor). As noted in our HIPAA Policies this is protected information. We will not give any of this information out unless it pertains to your healthcare treatment.
11. There is a **\$25.00 fee** to fill out any FMLA or disability papers, this is the patient's responsibility not billable to insurance. This is for **EACH set** needed. The fee needs to be paid prior to us filling them out. **Your portion must be filled out prior, or the document will not be filled out. As they are faxed when done.**
12. We do not accept assignment of orthotics. Due to this fact, we will not bill for the devices. (except a couple of policies) We will be happy to provide you with any necessary paperwork need for reimbursement.
13. Regarding tardiness and failure to keep scheduled appointments.
 - a. If you are more than 20 minutes late for your appointment without calling our office prior to your appointment time, you MAY be asked to reschedule for a different time based on the schedule.
 - b. **Cancellation without 24-hour notice may incur a \$50.00 Fee, which is not covered by insurance.**
 - c. If you No-show to an appointment you will be sent a warning letter. The second time will incur a \$50.00 Fee.

YOUR SIGNATURE BELOW INDICATED THAT YOU HAVE READ AND UNDERSTAND OUR OFFICE POLICIES. THANK YOU IN ADVANCE FOR YOUR COOPERATION.

Signature of responsible Party

Name of Patient (print)

Date