

Highlands Podiatry, PLC – Financial Policy

Thank you for choosing our office to provide you with medical care. We are committed to serving you with skill and high quality care. The medical services provided by our office are services you have elected to receive which may imply some financial responsibility on your part.

INSURANCE: We participate in most insurance plans. If you are not insured by a plan we participate with payment in full is expected at each visit. If you are insured by a plan we participate with but do not have up to date insurance card, we can reschedule your appointment so you can bring in necessary information or you can pay in full and we can file your insurance once information is received. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions that you have.

MEDICARE: We are a participating Medicare provider. Medicare as well as your secondary insurance (if any) will be billed for you. However; that does not mean all services are covered. Patients are responsible for paying their annual deductible. You are also responsible for any copayments, which are usually 20% of the allowed amount for an item or service.

SECONDARY INSURANCE: Your medical claim will be forwarded to you secondary insurance (if any) after payment and/or explanation of benefits (EOB) is received from your primary insurance company.

COPAYMENTS AND DEDUCTIBLES: All co-payments and deductible must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.

SELF PAY: Payment in full is due at the time of service if you do not have health insurance. Highlands Podiatry, PLC, will offer a 25% reduction if payment is made in full at the time services are rendered.

NON-COVERED SERVICES: Please be aware that some of these services you receive may not be covered or not considered reasonable and necessary by Medicare or other insurers. You are responsible for payment of these services

REFERRALS/AUTHORIZATIONS: We are required to follow guidelines of your managed care plan which mandates us when you visit a specialist such as ours; you must have a referral form from your primary care physician prior to seeking specialty care, if required by your insurance. If you do not have a referral form at the time of your appointment you will be financially responsible or we can reschedule your appointment until the appropriate form is received.

CLAIM SUBMISSION: We will submit your claims and assist you in any way we can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

PATIENT BILLING: You will be sent up to three notices for your financial responsibility (co-insurance, deductible) after payment and/or explanation of benefits (EOB) is received from your insurance company/companies. We require that all outstanding balances be paid with 90 days from the date of service or acceptable arrangements be made with Highlands Podiatry, PLC for payment of the balance in full through monthly installments.

PAYMENTS: We accept the following payment methods: Cash, Check, and VISA/MasterCard. Please let the office know if you have any difficulties in resolving you bill. **RETURN CHECK FEE:** An additional \$30.00 will be added to your statement if the check is returned for insufficient funds.

I have read the above policy regarding my financial responsibility to Highlands Podiatry, PLC, for medical services provided. I agree to pay Highlands Podiatry, PLC, any balance unpaid by my insurance carrier for myself or

SIGNATURE: _____

DATE: _____