

Financial Policy for Foot Clinic of South Texas

We are dedicated to providing the best possible care for you, and we want you to completely understand our payment policies.

1. Insurance: We participate in most insurance plans, including Medicare. If you are insured by a plan we do business with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and Deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. For your convenience we accept major credit cards, cash, personal checks and Care Credit.

3. Non-Covered Services: Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of your visit.

4. Proof of Insurance: All patients must complete our patient registration form before having an exam. We must obtain a copy of your current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in time to meet your insurance company claim filing limit, you will be responsible for the balance of the claim.

5. Claims Submission: We will submit your claims and assist you in any way we reasonably 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. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage Changes: If your insurance changes, please notify us so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in **90** days, the balance will automatically be billed to you.

7. Non-Payment: If your account is over **90 days** past due, you will receive a letter stating that you have **30** days to pay your account in full, Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. You and immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have **30** days to find alternative medical care. Our practice is committed to providing the best treatment to our patients. Our fees are representative of the usual and customary charges for our area. Let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines.

Dated: _____

(Name of Patient)

(Signature of Patient)

Payment Policy and Insurance Benefits

Prior to your appointment, the Foot Clinic of South Texas will verify your benefits with your insurance company. Please bring your insurance card and a valid identification to your appointment. If you do not bring your insurance card or valid identification, we will not be able to verify your benefits. If we cannot verify your insurance benefits or if your insurance coverage is inactive, you will be considered at private pay patient, and you must pay for all services out of pocket at the time of service. The Foot Clinic of South Texas does not process retroactive insurance claims for services paid for as a private pay patient.

The Foot Clinic of South Texas accepts most insurance plans; however, acceptance of insurance plan does not guarantee full coverage of all services under your plan. The Foot Clinic of South Texas will provide the patient with a financial quote and an explanation of benefits prior to each visit. The explanation and quote may include costs co-pays, x-rays, procedures, uncovered podiatry services, etc. The quote is NOT a guarantee of benefits or full payment by your insurance company, as your insurance company may process your claim differently. You are responsible for any unpaid balances by your insurance plan.

Payments must be received at the time of service. Copays, deductibles, and coinsurances are to be paid at the beginning of each patient's visit. You will be billed for any outstanding balances at the end of your visit. If you have a credit, the clinic will issue you a refund.

Because verification of your insurance benefits is not a guarantee of payment, we highly recommend you also contact your insurance carrier and coinsurance carrier so you may check your coverage.

The financial quote of benefits/charges is not a guarantee of benefits or payment from your insurance company.

Patient's Printed Name

(If patient is a minor) Parent/Legal Guardian Name

Patient's or Parent/Legal Guardian Signature

Date

Witness

Date