

TOWN CENTER FOOT & ANKLE

INSURANCE AND PAYMENT POLICIES

Thank you for choosing Town Center Foot and Ankle as your foot care provider. We are committed to providing you with quality and affordable health care.

1. **Insurance.** We participate in most insurance plans, including Medicare. 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 an up-to-date insurance card, you will have to reschedule your appointment 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.
 - a. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim. If required, obtaining the proper referral from your primary doctor is your responsibility. Patients presenting to our office without a valid referral will be asked to reschedule their appointment until we receive the proper referral.
 - b. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
 - c. **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. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
 - d. **Self-pay patients.** Payment is expected at the time of service unless financial arrangements have been made prior to your visit.
2. **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be uncovered or not considered reasonable or necessary by Medicare or other insurers.
3. **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 your insurance company pays your claim or not. Your insurance benefit is a contract between you and your insurance company.
 - a. **Failed claims.** If your insurance company fails to pay a claim, you are giving us permission to file a complaint with the Office of Financial and Insurance Regulation to have the claim paid for.
4. **Nonpayment.** Invoices are sent out every 30 days. Your prompt payment will assist us in keeping cost of healthcare down. If your account is over 60 days past due, you will receive a letter requesting immediate payment. A re-billing charge of \$10.00 per month will accrue on all accounts over 60 days past due. Partial payments are accepted if we see active payments. Please be aware that if a balance remains unpaid, we may refer your account to small claims court and you, and your 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 podiatric care. During the 30-day period, our physician will only be able to treat you on an emergency basis.

I have read and understand the payment and insurance policies and agree to abide by its guidelines:

Signature of patient or responsible party

Date