

# Appalachian Foot and Ankle Associates, P.A.

## Financial Policy

Thank you for choosing Appalachian Foot and Ankle Associates for your foot and ankle needs. Please understand that payment of your bill is ultimately your responsibility. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

**Full payment is due at time of service** if we do not accept assignment of your insurance benefits.

**Full payment is due at time of service** for all copays, deductibles, non-covered services, and supplies.

The Guardian/Adult accompanying a minor is responsible for any payment due at the time of service.

### **Our Office Accepts Cash, Check, Debit Cards, MasterCard, Visa, Discover, and Care Credit**

#### **Regarding your Insurance**

Accurate insurance information must be given at the time of service; otherwise we cannot bill your insurance carrier. Your insurance coverage is a contract between you, the subscriber, and the insurance company. If your insurance company has not paid your account within 45 days of treatment, the balance will be transferred to you. We will do our best to verify coverage and provide you with an estimate of what is covered. You are responsible to know your benefits, including copays, deductibles, and non-covered services. We do not guarantee coverage by your insurance carrier for any services or supplies. We will file your charges to your primary insurance carrier and to your secondary insurance only if we are contracted with them. We do not file tertiary insurance.

#### **Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. If you have an insurance that we do participate with, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

#### **No Show Appointments**

If a patient does not show up for a scheduled appointment or cancels an appointment without 24 hours notice, our policy is to charge \$20.00 per visit.

#### **Billing**

We are not a billing service. As a courtesy to our patients, the first bill mailed to you for an account balance is free. A billing service fee may be charged for each additional bill mailed from our office. Accounts over 90 days will be sent to collections with collection agency, attorney, court and any other associated fees added to the balance due.

#### **Record Requests and Disability Forms**

Original medical records and x-rays are the property of Appalachian Foot and Ankle Associates. We will be glad to make copies of your records for a nominal fee. All disability and FMLA forms must have the patient portion of the form completed in full and all associated fees paid prior to completion. Please allow 7-14 days for completion of record requests and disability forms. ALL requests must include a signed authorization for release of information, and an addressed, stamped envelope if you are not picking them up.

I authorize release of any information concerning: me, my child, and/or the individual for whom I am the responsible party, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also authorize payment of insurance benefits, not paid by myself, directly to Appalachian Foot and Ankle Associates.

I have read and agree to the above Financial Policy of Appalachian Foot and Ankle Associates:

\_\_\_\_\_  
**Print Name of Patient or Responsible Party (Parent, Guardian, POA)**

\_\_\_\_\_  
**Signature of Patient or Responsible Party (Parent, Guardian, POA)**

\_\_\_\_\_  
**Date**