



FINANCIAL POLICY

Welcome to Elite Foot & Ankle. Please read, understand, and sign our financial policy prior to treatment.

- Payment is due at time of service
- You are responsible for providing us with any updated insurance information prior to treatment
- You are responsible for obtaining any required referral from your Primary Care Physician

HMO / PPO / POS / THIRD PARTY INSURANCE

Initial: _____

- All co-payment and/or percentage and/or deductible (if the yearly amount has not been met) are due at time of service. Please advise us immediately for any change(s) in your insurance coverage. If your plan requires a primary care physician referral, it is your responsibility to obtain the appropriate referral prior to the appointment. We will attempt to assist in reminding you when a referral is needed.
- Please be advised that not all of the services provided may be covered under your plan. In such a situation, you are responsible for any remaining balance on your account.
- We will verify your insurance coverage. This will be a quote of medical benefit coverage and is not a guarantee of payment until the claim submitted has been reviewed by your insurance. In the event your insurance denies payment, you are responsible for the balance in full.

MEDICARE PART B

Initial: _____

- Medicare does have a yearly deductible of \$150.00. After your deductible has been met, we will accept assignment of benefits as set forth in your Medicare Part B. Medicare Part B covers 80% of approved charges.
- Medicare sets the fees that we may charge. Medicare requires that all patients pay their 20% of the approved amount of service rendered unless a secondary insurance is available which may cover some if not all of the 20%.
- Medicare also will not cover all services. Some items/services dispensed are solely the responsibility of the patient and require an Advanced Beneficiary Notice. The staff will inform you prior to treatment.

MEDICAID

Initial: _____

- We do not honor Medicaid. If Medicaid is your secondary insurance linked to Medicare Part B as your primary insurance, you will be financially responsible for the 20% as left by Medicare.

SELF-PAY

Initial: _____

- We realize that some of you may not have any insurance coverage and are directly financially responsible for all of your healthcare costs. We will inform you of your cost of services planned and/or required prior to treatment.
- We will work with you in meeting and handling your financial responsibility.

MINOR PATIENTS

Initial: _____

- Parents or Guardians of patients under age 18 are responsible for payment at time of service

MISSED APPOINTMENTS

Initial: _____

- We require a 24 hour notice on all appointment cancellations.
- If appointment is not cancelled, you will incur a \$30.00 fee charge.

RETURNED CHECKS

Initial: _____

- All Non-Sufficient Funds check will be charged a \$25.00 processing fee.
- Only cash or money order will be accepted to replace a NSF check.

ADDITIONAL FEES

Initial: _____

- X-Rays are property of Elite Foot & Ankle. Requested digital copies in a CD-R will incur a \$15.00 cost.
- Disability forms that require completion by our office will incur a fee of \$15.00.
- Medical Record copies require a 30 day written notice and will incur a fee of \$0.50 per page up to a maximum flat fee cost of \$20.00.

I have read the above financial policy for Elite Foot & Ankle and agree to comply with its terms.

Signature of Patient or Responsible party

Date