



FINANCIAL POLICY

Thank you for choosing Family Foot & Ankle Center as your health care providers. We are committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of our Financial Policy is important to our professional relationship. Please call our billing department at (909) 920-0884 if you have any questions.

- WE ARE HAPPY TO BILL YOUR INSURANCE DIRECTLY; HOWEVER, WE MUST HAVE A COPY OF YOUR INSURANCE CARD.
- **IF PAYMENT IS NOT RECEIVED FROM THE INSURANCE CARRIER OR OTHER RESPONSIBLE PARTY IN 90 DAYS, WE HAVE THE RIGHT TO BILL YOU DIRECT.**
- IF YOU DO NOT HAVE INSURANCE, OR IF YOU DO NOT HAVE YOUR INSURANCE CARD, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA/MASTERCARD, AND DISCOVER.
- ALL PATIENTS MUST COMPLETE OUR "PAYMENT REGISTRATION FORM" AND OTHER RELATED FORMS.
- PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR HEALTH COVERAGE.
- 48-HOUR NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS OR X-RAYS AND THERE MAY BE A NOMINAL FEE.

Self Pay

We expect payment at the time of service unless prior arrangements have been made.

Medicare

We accept Medicare assignment. As a Medicare patient you are responsible only for the difference between the approved charge and the amount Medicare pays and, of course, your deductible. If you have supplemental insurance we will be happy to bill it directly for you. You will receive a bill after your insurance has paid.

PPO

ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. IF YOU DO NOT KNOW YOUR CO-PAY YOU MAY USE OUR PHONE TO FIND OUT. We are members of most, but not all, plans. You are responsible for verifying that we are providers for your plan. PPO patients will only be responsible for their co-payments and co-insurance and deductibles as long as it has been verified with patient's insurance that our physician is in their plan.

Workers' Compensation

If you are here as a result of work related injury, we will require information regarding both health insurance and your employer's Workers' Compensation insurance. We will require a letter or statement from the Workers' Compensation carrier authorizing your treatment. The letter should include the claim number, address, and adjuster's name and phone number. (Your employer's human resources office should be able to assist *you* with obtaining this information.) If payment is not received from these third parties within 90 days, we have the right to bill you directly.

Accident Claims

If you are here as a result of an accident claim, we will require information regarding both health and accident insurance. In addition, we will need the name, address and phone number of your attorney. In the case of a lawsuit we may need to file liens for payment. If payment is not received from these third parties within 90 days, we have the right to bill you directly.

UCR (Usual and Customary Rates)

We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determinations of UCR rates.

I understand that if the office agrees to bill my insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment for all services.

Name of Patient (Please Print)

Signature of Patient or Responsible Party

Date