



## **Payment Policy**

Thank you for choosing Advanced Foot & Ankle Specialists, PA as your healthcare provider. We are committed to providing you with quality health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

**Insurance** Our office participates in several insurance plans. If you are not insured by a plan we do business with, payment in full is expected at each visit, unless otherwise negotiated with your health plan. If you are insured by a plan we do business with, but do not have a current insurance card, payment in full for each visit is required until we can verify your coverage. Please contact your insurance company with any questions you may have regarding your coverage.

**Co-Payments and Deductibles** All co-payments and deductibles must be paid prior to services being rendered. This arrangement is part of our contract with your insurance company. Please help us in upholding our agreement with your insurance company by paying your co-payment at each visit.

**Non-Covered Services** Please be advised that certain services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services in full prior to that service being rendered, unless otherwise negotiated.

**Proof of Insurance** All patients must complete our patient information form before seeing the physician. We must obtain a copy of your driver's license and current valid insurance card 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 your claim.

**Claims Submission** Our billing offices will submit your claims and assist you in any way we reasonably can to help get your claims processed. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Requested information not provided to your insurance company in a timely manner will be transferred to your responsibility.

**Coverage Changes** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive the maximum benefits. Information changes not provided prior to services being rendered will result in a denial of the claim and the balance will be your responsibility. Many of the contracts with the plans require us to file claims in a timely manner. Claims denied as past the filing deadline for incorrect information received will be transferred to your responsibility.

**Missed Appointments** Our policy is to charge **\$25.00** for missed appointments not canceled within 24 hours prior to the date of appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

**Prompt Pay Fees**

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. If you do not have insurance or our providers are not contracted with your health plan, you may take advantage our “prompt pay” fee schedule. Fees for services are required to be paid in full prior to the services being rendered. If you have any questions regarding the “prompt pay” fees, please contact our financial counselor.

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

\_\_\_\_\_  
**Signature of Patient or Responsible Party**

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

\_\_\_\_\_  
**Signature of Physician Representative**

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