

ADVANCED FOOT & ANKLE CARE FINANCIAL POLICY

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of statements we send. The following is a summary of our payment policy.

FULL PAYMENT AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable **coinsurance** and **copayments** for participating insurance companies. **You are responsible to be sure all charges are paid whether by you or your insurance carrier. You are ultimately responsible for payment of services.**

ADVANCED FOOT & ANKLE CARE accepts cash, personal checks (in-state only), and all major credit cards. We do not accept American Express.

Patients with an outstanding balance **sixty days or more** overdue must make arrangements for payment prior to scheduling future appointments.

INSURANCE:

We bill participating insurance companies as a courtesy to you. You are expected to pay your spend down, deductible, and copayments at the time of service. If we have not received payment from your insurance company within **forty-five** days of the date of service, you may be expected to pay the balance in full. **You are responsible to be sure all charges are paid whether by you or your insurance carrier. You are ultimately responsible for payment of services.**

We will attempt to bill secondary insurance companies as a courtesy, but it is still your responsibility to ensure the balance is paid in full.

If you need assistance or have questions, please contact **The Billing Coordinator at (217) 522-3622 extension 105.**

REFUNDS:

Patient/guarantor credits in amounts less than \$20.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts over \$20.00 will automatically be refunded to the patient/guarantor.

MANAGED CARE:

If you are enrolled in a managed care insurance plan, (i.e., HMO), you must receive a referral to our office from your physician's office **BEFORE** being seen in our facility. Retroactive referrals are not guaranteed. **If your insurance company denies payment for not supplying a referral, you are responsible for payment of the services rendered.**

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations are required twenty-four hours prior to the appointment. **We reserve the right to charge for missed or late-cancelled appointments.** Excessive abuse of scheduled appointments may result in discharge from the practice.

Signature of Insured

Printed Name

Date

Signature of Representative

Relationship to insured
