



## **PATIENT ACKNOWLEDGEMENT OF OFFICE POLICIES**

Due to the increased costs associated with medical billing, it is necessary to clarify our financial policy to help maintain reasonable fees and continue to provide the quality of care you deserve. Please understand that we participate with many health plans. We cannot know each patient's benefits under their plan. In addition, some services, or supplies, although deemed medically necessary by the doctor, may not be covered under your particular plan. **IN ALL CASES, PAYMENT OF PROFESSIONAL FEES, DURABLE MEDICAL EQUIPMENT AND SUPPLIES ARE THE RESPONSIBILITY OF THE PATIENT, SPOUSE, PARENT OR GUARDIAN.**

### **INSURANCE**

As a part of Loudoun Medical Group, P.C. (LMG) we are a participating provider with most health plans. This means that we accept assignments for these plans. If you do not have health insurance or have a health plan in which we do not participate, payment is expected in full at the time of service. Knowing your health insurance is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage and be aware that your insurance benefit is a signed contract between you and your insurance company.

### **INSURANCE CARDS & PHOTO ID**

All patients are required to provide valid insurance card(s), or a temporary print out at the time of the visit. All patients are also required to provide photo identification.

### **SELF-PAY**

Payment in full is due at the time of service if you are not currently covered under a health insurance plan.

### **NON-COVERED SERVICES**

Please be aware that some of the services you receive may not be covered or not considered reasonable or medically necessary by Medicare and/or other insurers. You are responsible for full payment for these services at the time of service. Most health plans, including Medicare, do not cover routine foot care including corns, calluses and nail care, with rare exceptions.

### **PATIENT BILLING**

ALL co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. As a courtesy, our office does verify benefits with your insurance carrier; however, the insurance agreement is a contract between you and your insurance carrier. It is recommended you also verify your benefits with your carrier.

**REFERRALS/AUTHORIZATIONS**

If a referral is required by your health insurance plan, it is your responsibility to obtain the referral from your primary care physician, which may need to be done electronically. It is your responsibility to have this referral at the time of your visit or you may need to be rescheduled.

**PATIENT CANCELLATION AGREEMENT**

We require 24-hour notice to cancel or reschedule the appointment reserved for you. If our office does not receive 24-hour notice you will be charged a **\$50.00** fee for the missed **office visit**. If you miss two or more visits, it is per our office policy to discharge the patient from our practice, therefore, the patient is no longer able to schedule at our office. If you arrive late to your scheduled appointment, we may need to reschedule your appointment as a courtesy to our other patient’s (this includes even arriving at your appointment time without having completed the necessary medical questionnaire on the LMG portal). We require 72-hour notice to cancel or reschedule **surgery**. If our office does not receive 72-hour notice you will be charged a **\$200.00** fee.

**COLLECTION OF FEES OWED/COLLECTION AGENCY FEES/RETURNED CHECK FEE**

Please note Lansdowne Foot and Ankle Center is an affiliate of Loudoun Medical Group, P.C. (LMG) and subject to their billing and collection practices. If it is necessary to forward your account to an outside collection agency, you are responsible for all additional fees and interest accrued. Lastly, the fee for any returned check is **\$35**.

**FORM COMPLETION FEES**

Completing disability forms, FMLA forms, school forms and other requested supplemental insurance forms requires time away from patient care and day-to-day business operations. The completion of special forms has a minimum charge of \$25.00. We appreciate your understanding in this matter as this is very time consuming for our staff.

I acknowledge and understand the Financial Policy of Lansdowne Foot and Ankle Center (an affiliate of Loudoun Medical Group, P.C.):

\_\_\_\_\_  
Signature of Responsible Party/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name