



## Financial policy for Moore Foot & Ankle Specialists, PA

Thank you for choosing our office as part of your health care team. In our effort to provide personalized care in the most efficient and economical manner possible, we are providing to all our patients this copy of our Financial Policy. We ask that you take a few moments to read our Financial Policy and sign below.

### Insurance Coverage

- Your insurance policy is a contract that exists between you and your insurance company. Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number provided on the back of your insurance card.
- New insurance companies are continually forming, and existing insurance companies are rapidly changing. It is your responsibility to know the specifics of your policy (referral requirements, in and out of network physicians and facilities, etc.). Most private insurance policy plans (non-Medicare/Medicaid) now have deductibles, copayments, coinsurances, maximums, and limitations (out of pocket expenses). If your annual out of pocket expenses have not been met, you will be required to pay a \$125 deposit at the time of your visit (copay amount will be included in the \$125 deposit). This will be applied to your account and a statement will be sent reflecting any additional monies owed following response from your insurance carrier. If it has been stated by your carrier that a deductible deposit cannot be collected at the time of service, a valid credit card will be required and stored securely. Upon claim response, your credit card will be charged, and a detailed statement will be provided along with a paid receipt.
- We rely on you to inform us of all insurances in effect and to notify the office immediately of any changes with your insurance. **If you do not inform us of changes, you will be responsible for services rendered.** When multiple policies exist, it is the patient's responsibility to inform us which policy is the primary plan. **If we are not provided ALL insurance information at the time of service, you will be responsible for paying Moore Foot & Anke Specialists, PA directly and then submitting for reimbursement from your insurance company.**

### Appointment Charges

- All charges are the responsibility of the patient. We will bill your insurance company, but any services not covered are the patient's responsibility. If you have no insurance, you are responsible for all services rendered. Co-pays will be collected at the time of your appointment (as required by insurance companies). For new patients, we will make every attempt to contact your insurance company to determine your office visit copayment, if any. Existing patients should notify us of any changes related to copayment amount right away.
- Costs can vary, depending on the type of insurance coverage you have and the treatment for your particular condition(s). Cost/payment by your insurance cannot be guaranteed by our staff. If you have any concerns, we advise you contact your insurance company.

**Please initial each line indicating your understanding of our policies:**

\_\_\_\_\_ **COPAYMENTS:** It is a requirement of your insurance company that we collect your co-pay. Payment is required before meeting with the doctor.

\_\_\_\_\_ **SELF-PAY:** Full payment is due at time of service. A down-payment will be required before seeing a doctor. At minimum, an evaluation and management fee will be charged. Additional procedures/services may be recommended by the doctor, but you will be informed of these charges before proceeding with treatment.

\_\_\_\_\_ **REFERRAL:** If your insurance plan requires a referral from your primary care doctor, this will be required at the time of your visit. Without a referral available, we may need to reschedule your appointment, or you may need to sign a "No Referral Form" stating you are responsible for any financial charges on the account.

\_\_\_\_\_ **NO SHOW:** 24 hours' notice is required for cancellation/rescheduling of your appointment and failure to do so will incur a \$30 fee, as we have reserved that time slot just for you. Missed appointment fees are the responsibility of the patient. Failure to provide 24 hours' notice of a procedural visit will incur a \$100 fee.

\_\_\_\_\_ **SURGERY CANCELLATION:** Failure to provide a 5 business days' notice of cancellation prior to scheduled surgery date will incur a \$500 fee.

\_\_\_\_\_ **BALANCES/COLLECTION FEES:** Past due accounts, more than 90 days, will be turned over to our collection agency and a \$35 administrative fee will be added to the account balance. Upon account being turned over to the collection agency, the patient will be discharged as a patient from Moore Foot & Ankle Specialists, PA for financial reasons.

\_\_\_\_\_ **FMLA/DISABILITY/MEDICAL RECORDS:** There is a \$20 charge for completion of these forms. There is a \$15 fee to obtain a copy of your medical records.

\_\_\_\_\_ **RETURNED CHECKS:** A \$45 fee will be assessed on all returned checks.

**I have read and understand the Financial Policy of Moore Foot & Ankle Specialists, PA.**

**Patient's Name (print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient's/Guardian's Signature:** \_\_\_\_\_

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