

**** INSURANCE BILLING, OFFICE & FINANCIAL POLICY ****

ADVANCED CARE FOOT AND ANKLE

1881 California Avenue, Suite 102, Corona, CA 92881 (951) 735-8806

The staff of Advanced care foot and Ankle is committed to providing you with the best possible care. With your support and cooperation we can achieve our objective easily. Please confirm your benefits prior to coming to our office and confirm that we are within your plan's network of physicians. Present your insurance identification card and driver's license to our front desk at your first visit. Pay your co-payment at the time of service, keep your appointments and call ahead of time if you cannot. Please keep us updated as to changes in your contact information or insurance benefits. Most importantly, abide by the follow-up care instructions of our professional medical staff. We request that you read our policies and indicate that you understand our financial policies by signing your name below.

- You are responsible for all authorizations/referrals needed to seek treatment in this office.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to our doctors. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment.
- Do not expect your insurance company to pay 100% of the charges incurred. If you only have a primary insurance, typically the patient is responsible for their annual deductible, a co-insurance amount, e.g. 10% to 40% and/or a co-payment. Obviously, if you have a primary and secondary insurance, your coverage amount will be greater. Call your insurance company if you have questions about your financial responsibilities.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered" or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals; however, you remain responsible for charges for any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- After your insurance pays, you will receive an Explanation of Benefits (EOB) from the insurance company showing our charges, what they allowed, how much they paid and what is your responsibility. SAVE this EOB. You will receive from us a patient bill/receipt/statement via email and/or the mail system and need to match it with the Insurance Company's EOB to verify your financial responsibility.
- You must inform the office of all insurance changes and authorization/referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
- Most custom ordered durable medical equipment is not returnable. We will make adjustments to the equipment, to achieve your satisfaction with the product that has been custom made for your foot.
- Past due accounts are subject to collection proceedings. All costs incurred including, but not limited to, collection fees, attorney fees and court fees shall be your responsibility in addition to the balance due this office.
- There is a service fee of \$35.00 for all returned checks. Your insurance company does not cover this fee.
- If you are unprepared to pay your co-payment at the time services are rendered, you can reschedule your appointment for another time when you will have your co-payment with you OR agree to pay us a \$10.00 fee that will be added to your account for the collection costs of your co-payment. *We expect you to come prepared to pay your co-pays on the day you receive service.*
- You understand that you are ultimately responsible for your own bill and you will be charged a \$15.00 re-bill fee, per month, after two courtesy statements are sent to you with no response on your part. Once a payment is received on a regular monthly basis, the re-bill charges will immediately stop being applied to your account.
- Your balance needs to be paid in full before any records requests will be acted upon. We require an advance notice of one week to process your request. Medical records requests must be in writing with a signed medical release.
- If you have forms that need to be completed by the Doctor, you will be charged according to our in-house fee schedule for this service. Please see the staff for this information. Payment is due at the time the forms are picked up by you.
- We accept VISA, MasterCard and Discover Cards. We also accept cash. We DO NOT accept personal checks.
- I have received a copy of this financial policy.

Patient Release: I certify the information that I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies (including Medicare), for purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I ACKNOWLEDGE THAT INTEREST OR A FEE, AT THE PROVIDER'S CURRENT RATE, MAY BE CHARGED on all balances owing to the provider that are past due. I permit a copy of this release to be used in place of the original.

Print Name: _____

Signature: _____ Date: _____