

Family Footcare, PC

PATIENT FINANCIAL POLICY

Thank you for choosing Family Footcare, PC for your podiatric care. Our doctors and staff are committed to providing quality, affordable medical care without regard to financial status.

We sincerely hope that by sharing our financial expectations we will strengthen the practice-patient relationship and keep the lines of communication open. This financial policy helps the practice provide quality care to our valued patients. If you have any questions or need clarification of any of the policies, please feel free to contact our office at (203) 723-7884.

Self-Pay Accounts

We designate accounts, **Self-Pay**, under the following circumstances: (1) patient is covered by an insurance plan that our providers do not participate in, (2) patient does not have a current, valid insurance card on file, (3) patient does not have a valid insurance referral on file, or (4) patient does not have health insurance coverage.

Payment is Due At the Time of Service

- ❖ We accept cash, checks, debit, and credit cards.
- ❖ All co-payments, deductibles and non-covered services are due at the time of service unless you have made payment arrangements in advance of your appointment.
- ❖ Insurance required co-payments are due when you check in for your appointment. If you arrive without your co-payment, we may ask you to reschedule.
- ❖ If your co-payment is based on a percentage (example: 20% of the allowed amount) and you do not have a secondary policy, please be prepared to pay a minimum of \$10.00 on the date of service.
- ❖ Patient-responsible balances are due when you check in for your appointment.
- ❖ In the event you need surgery and you do not have health insurance coverage, we must receive payment in full prior to surgery. If a deductible is applicable, it will also be due prior to surgery.

Proof of Insurance

- ❖ Please bring your insurance card(s) with you to each appointment.
- ❖ It is your responsibility to inform the reception staff when the cause of treatment may be the responsibility of a third party - auto insurance, liability insurance company, worker's compensation - instead of your regular health insurance carrier. You are responsible to provide the office with all information required to bill the third party when you check in for your appointment.
- ❖ We will bill your insurance company or companies for you. Should any of your insurance companies reimburse you directly, we expect payment from you – in full – within 10 days of the receipt of payment. The patient or responsible party is ultimately responsible for payment of any charges incurred.

Referrals

- ❖ If your insurance plan has a designated primary care physician (PCP) and you are required to obtain a written referral from that doctor, you must provide the office with that written referral at the time of check-in. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service.

Our Responsibility to Report Non-Compliance

- ❖ It is our obligation under many of the insurance contracts to report patients who: repeatedly refuse to pay co-payments/deductibles at time of service, or who repeatedly “no show” for appointments.

Financial Assistance

- ❖ Our practice treats patients regardless of financial status. We offer assistance in the form of our affiliation with CareCredit, a healthcare credit card program.

Divorce and Child Custody Cases

- ❖ In cases of divorce, the individual who receives care is responsible for payment of co-payments, coinsurance, deductibles, and nonparticipating insurance balances at the time of service. We will not bill a divorced spouse for the patient’s services.
- ❖ The parent who brings the child to the office for care is responsible for payment at the time of service no matter if the account is self-pay, participating insurance, or nonparticipating insurance. The practice does not honor divorce specifics (e.g., percentage of financial responsibility).
- ❖ If the child has coverage with a participating insurance plan and the proper insurance identification is present at the time of service, the practice will bill that insurance company. Applicable co-payments, coinsurance and/or deductibles are due at the time of service, unless arrangements have been made with the office prior to arrival.

Billing, Payments and Refunds

- ❖ All balances are due in full within 30 days of the statement date.
- ❖ If you cannot pay the balance in full with 30 days, please contact our office to set up a payment plan or discuss financial assistance.
- ❖ It is your responsibility to notify the office of any change in address, phone, employment, or insurance coverage.
- ❖ If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on other accounts with the same financial responsible party.
- ❖ We reserve the right to report delinquent accounts to credit bureaus, assess a collection or returned check fee, take other collection action, or terminate you as a patient of this practice.

I have read the Patient Financial Policy and agree to abide by its terms.

Patient Name: _____

Date of Birth: _____

Signature: _____
Patient or Legal Guardian

Date: _____