

FAMILY FOOT & ANKLE PHYSICIANS, PLLC

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Thank you for choosing Family Foot and Ankle Physicians, PLLC. We would like to welcome you to our Practice, and we appreciate the opportunity to take care of your podiatric needs. The following is an outline of our office policies.

OFFICE POLICIES

We accept payment by cash, Visa, Mastercard and Discover.

You must present a photo ID and all insurance cards upon every visit to our office. If you do not have your insurance card(s), you may be asked to sign a waiver and may be required to pay in full at the time services are rendered.

Your insurance policy is a contract between you and your insurance company. Your co-payment and or deductible are due at the time services are rendered. It is your responsibility to have proof of insurance: name, address, and member number.

You recognize and accept personal responsibility for any referral needed from your primary care physician, which is required by your health insurance provider. If this information has not been obtained in accordance to your policy, you will be fully responsible for getting the referral. Failure to obtain the required information may result in rescheduling your appointment.

We participate with Medicare and most other insurance companies. Ask one of our staff members if we participate with your insurance company.

Medicare patients have an **annual** deductible and then are responsible for 20% after the deductible has been met. If you have a second or tertiary insurance, we will file that for you as a courtesy. However, you will be responsible for any monies your insurance carrier has left you responsible for.

If it has been more than 1 year since your last visit, or if it is your first visit of a new year, you will be asked to complete a new patient registration sheet and office policies. This must be updated each year.

Patients who would like a copy of their records provided to them must do so in writing and must present photo identification when picking up the records. All requests for medical records require a minimum of five (5) days' notice to process. We will be glad to send your records to your primary care physician with written request.

Prescription refill and authorization requests require at least 72 hours' notice for processing. Please note that if prior authorization is needed, it may take longer due to your insurance prescription plan.

If for some reason you need time to pay your balance off, we will be glad to place you on a payment plan. That is a separate contract between you and Family Foot and Ankle Physicians, PLLC. You agree to abide by all the rules and conditions set forth in that payment plan. If you do not make a payment or are late making a payment, you have breached your contract and we have the right to terminate you from our practice.

You authorize the release of any medical information to the proper agency to determine insurance benefits if necessary.

You authorize Family Foot and Ankle Physicians, PLLC to release pertinent medical information to your insurance company when requested, or to facilitate payment of a claim. You also request payment of insurance benefits be made directly to Family Foot & Ankle Physicians, PLLC.

We ask you to notify us at least 24 hours in advance if you are unable to keep your appointment. If you do not notify us in advance there will be a 75.00 fee for missed appointments.

You have read and understand the above information. You understand once you sign this agreement, all terms and conditions will be in full force and in effect. Further, you understand and agree to the terms outlined in this financial agreement. You have been given a copy of this policy for future reference.

Patient Name (Please print): _____

Patient Signature: _____ Date: _____
(Or authorized Guardian)