

Dallas Podiatry Works, P.A.

Patient Financial Policy

It is our goal to create and maintain a good doctor-patient relationship. In an effort to help you understand, and to meet your financial obligations to our practice, we have put together the following policies. We understand that sometimes it may be difficult to meet your financial obligations. If this should occur, we encourage you to discuss your account, and any payment arrangements with our office manager. Our doctors will not discuss any financial issues with patients.

Please initial each policy, date, and sign.

_____ **Insurance.** As a courtesy to you, this office will file claims for all visits and procedures, whether they are delivered in the office, outpatient center, or the hospital. When we file a claim on your behalf, it is with the understanding that the benefits are assigned to Dallas Podiatry Works. (The insurance company will pay us directly). You are responsible for payment of all co-pays, deductibles, co-insurance and non-covered services. Please remember that insurance coverage is a contract between you and your insurance company. The ultimate responsibility for understanding your insurance benefits and for payments to your doctors rests with you.

_____ **Referrals.** You are required to know whether or not your insurance requires referrals, and to obtain the referral before you are scheduled to be seen in our office. We can assist you to determine if we participate on your insurance plan, however this is not a guarantee of coverage. Please take the time to call your insurance company to ask specifically if we participate with your insurance plan. Referrals usually have an expiration date, and a limited number of visits. You should carefully monitor the dates and visits. Our office will not see patients without referrals.

_____ **No Insurance.** Patients who do not have insurance are expected to pay for all services rendered at the time of service. We also require payments for outpatient procedures in advance of having the procedure performed. In the case of difficult financial situations, we are happy to discuss other payment arrangements as needed.

_____ **Returned Checks.** Your account will be charged a \$30.00 fee for each returned check. In addition, you will be asked to bring cash to our office to cover returned check and fee.

_____ **Past Due Accounts.** Patients who fail to make payment arrangements or have not expressed interest in meeting their financial obligations, will be turned over to a collection agency. Patients with accounts in collections will be required to satisfy their financial obligations to us, and pay for any future services in advance, prior to be seen by our doctors.

_____ **Non-Covered Services.** Medicare or your health insurance company may determine that your visit with our doctors is not "medically necessary", and will deny payment for our services. If this happens, it is your responsibility to pay for our services. We will inform you what services may not be covered by your health insurance plan.

_____ **Scheduled appointments.** Our automated system will contact you to confirm your appointment 2 days prior to the appointment. If you have not heard from us, please make sure to call us and confirm your appointment within 24 hours prior to your appointment.

_____ **Missed appointments.** If you cannot keep your confirmed appointment, please contact us as soon as possible. Missed appointments will result in a \$25.00 fee to your account.

_____ **Surgeries.** When a surgical procedure is scheduled, we will give you an estimate of the amount you will be responsible to pay. This amount is collected before the procedure is performed. Additional payments or refunds may be required after the insurance has processed your claim. Your insurance company will issue an "EOB", explanation of benefits, indicating the responsible amount.

_____ **Surgery Cancellation.** Surgical procedures need to be cancelled at least 3 days in advance, failure to do so will result in a \$50.00 charge to your account.

_____ **Retail/Return Policy.** Our office offers a variety of foot care products which are considered retail items, and are not billable to Medicare or any other health insurance. Full payment of retail items is expected at the time of service. We gladly take returns of unused retail items, refunds are processed within 7-10 business days. A restocking fee of 25% will be charged on all returned items.

_____ **FMLA forms.** FMLA forms take 3-5 business days to be processed. A fee of \$25.00 will be charged for every form.

_____ **Medical Records.** We gladly send your medical records to other physicians (at no charge) upon your request. A copy of your medical records will cost you \$25.00.

Patient Statement:

I have been informed of **the Dallas Podiatry Works, P.A. Patient Financial Policy**. I have read and understand my obligations; I understand that if Medicare or **my health insurance company** denies payment, I agree to be personally and fully responsible for payment.

Patient's Name

Patient/legal guardian signature Relationship

Date