

Financial Policy

Dallas Podiatry Works, PA

It is our goal to create and maintain a good doctor-patient relationship. 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.

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. You are responsible for payment of all co-pays, deductibles, co-insurance and non-covered services.

_____ **Referrals.** We can assist you to determine if your insurance plan requires a referral. 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.

_____ **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.

_____ **Retail/Return Policy.** Full payment of retail items is expected at the time of service. We do not accept returns on any of our products.

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

_____ **Missed Appointments.** As a courtesy to our patients we use a reminder call service that will text two days prior to your scheduled appointment and call one day prior, if you have not already confirmed. We charge **\$75.00** missed appointment fee with our doctors and **\$45.00** missed appointment fee with our medical assistants. We require a **24-hour** cancellation notice.

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/Date
