

**Financial Policy
For
Advanced Foot Care Center, LLC**

We would like to thank you for choosing Advanced Foot Care Center, LLC for your podiatry needs. We take pride in our ability to build mutually beneficial relationships with our patients and are very committed to your treatment. We consider all aspects of your care including your financial obligations to this practice as part of your treatment and because of that we ask that you read the following financial policy.

If you are a member of a contracted Managed Care Plan and you have chosen us as your Specialist, please be prepared to pay your co-payment at the time of your appointment. Most Managed Care plans require a referral from your Primary Care Provider. This referral is your responsibility to obtain. If at the time of service a valid referral with an authorization number is not received in our office we will require all patients to sign a general release form stating that they understand that they will be responsible for the payment. Medical supplies that are not normally covered by your medical insurance plan will also be the responsibility of the patient and will need to be paid for in full at the time of the visit.

Patients who are covered by a Commercial Insurance Carrier, with whom we are not contracted, will be responsible for their balance. We will courtesy bill your carrier. If we do not receive payment within 45 days, we will transfer the balance to your responsibility for payment. It will be your responsibility to follow up with your carrier for reimbursement. Non-covered services and medical supplies, will be the responsibility of the patient and will be required to be paid in full at the time of the visit.

Patients who do not have medical insurance will be required to pay for the services rendered in full at the time of the visit. We require payment in the form of cash, money order, or check. We will try to accommodate patients by supplying an estimate prior to seeing the Doctor. If you have any questions, please contact our business office.

Medicare patients are required to meet a \$124.00 dollar calendar year deductible. The patient will be required to pay in full at the time of the visit any Non-covered medical supplies or services. If you have a supplemental or secondary insurance please advise us when scheduling your appointment so that we can determine if we participate with that carrier.

Please be advised that it is Advanced Foot Care Center, LLC's policy to only bill the patient's primary and secondary insurance carriers. We do not bill a third insurance however, our office will be more than happy to provide the patient with a claim form to submit the claim themselves for reimbursement.

By signing below you are stating that you have read, understood and agree to the Financial Policy. Please let us know if you have any questions or concerns.

Signature of Patient or Responsible Party

Date