

Financial Policy Laurel Foot & Ankle Center

Full payment is due at the time of service. We accept CASH, CHECK, VISA, MASTERCARD and AMERICAN EXPRESS. Payment plans and financing options may be available: please inquire.

GENERAL INFORMATION

Insurance coverage is a contract between you and your insurance company. We are not a party to this contract in most cases. You will be given the appropriate insurance claim forms. You will then send them into your insurance company. The insurance company will then mail you a check for the amount they cover for the provided service. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account. Should your account become past due, you will be responsible for any finance charge or legal fees necessary to collect on this account. A fee of \$50.00 will be assessed for all returned checks. Please note that missed appointment fees are \$25.00 when we are not notified 24 hours prior to the appointment time.

PRIVATE INSURANCE CARRIERS

We participate with Blue Cross of DC and Medicare. When we are provided with insurance information, we will bill your insurance company. Deductibles and co-payments are due at the time of your visit. Any co-insurance obligations you may have, as determined by your insurance provider, will be billed following the provision of service.

MEDICARE and WORKERS' COMPENSATION

Medicare, worker's compensation or any other government programs, we require that you have proof of such coverage for billing purposes.

Please sign below to acknowledge that you have read and understand our policy of Payment Agreement for Medical Services.

Signature of Patient or Responsible Party _____

Date _____

Acknowledgement Of Receipt Of Notice Of Privacy Practices (HIPPA)

I acknowledge that I was provided a copy of privacy practices and that I have read (or had the opportunity to read) and understand this policy. I am also aware that a notice of privacy practices is posted in the reception area of Laurel Foot & Ankle Center.

Print Name _____

Signature _____ Date _____