

Eastern Shore Podiatry FINANCIAL POLICY

Thank you for choosing Eastern Shore Podiatry for your foot care. We are committed to providing excellent health care services to you, our patient. In order to reduce confusion and misunderstanding between patients and the staff, Eastern Shore Podiatry has adopted the following financial policy. If you have any questions about the policy, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your understanding of your financial responsibilities as an essential element of your care and treatment.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at the time of service. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.

As a medical provider, our relationship is with you, the patient, and not your insurance company. Your insurance is a contract between you and your insurance company. Knowledge of your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. Please be aware that some or perhaps all of the services provided may not be covered in full by your insurance company. **You are financially responsible for any services not covered by your insurance company.**

2. Co-payments and deductibles. All co-payments, co-insurances and deductibles are due at the time of service. This arrangement is part of your contract with your insurance company. We are required to collect co-payments and deductibles from patients. Please help us in upholding the law by paying your co-payment at each visit. We will estimate the amount you owe based on information we receive from your insurance company. However, you are responsible for paying the full amount determined by your insurance company once they have paid your claim – regardless of our estimation.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered necessary by Medicare or other insurers. You must pay for these services in full at the time of your visit.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card. We may accept assignment of insurance following verification of your coverage. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. Claims submission. As a courtesy, we will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

6. Billing Information and Coverage changes. You must provide your most current billing address, all available telephone numbers, and any other important contact information. If your address or contact information changes, it is your responsibility to contact us with the updated information. We will send a statement (to the billing address you provide) notifying you of any balances you may owe.

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Nonpayment. Payment in full is due upon receipt of the statement. For your convenience we accept cash, checks, credit cards and online payments. If the bank returns the check unpaid for any reason, we will add \$25.00 to your original balance.

Patient balances not paid in full within 30 days of the statement issue date are deemed past due. **Past due accounts may be referred to a professional collection agency and/or attorney for further collection activity.** If your account is turned over to collections, not only will you be responsible for full payment of the balance of your account, an additional 35% of your balance will be added to your bill in order to settle the collection agency fee.

If you are not able to pay the balance due in full within 30 days, you must seek other arrangements directly with our staff. Any late fees already incurred on past due balances will be included in any mutually agreed upon arrangements. If you fail to make payments as agreed upon, your account may be referred to a professional collection agency and/or attorney. You will be responsible for all collection costs incurred, including attorney's fees and court costs, as noted on the payment plan agreement.

If your account is greater than 90 days past due, is otherwise in collections, or you are delinquent on a payment plan, you may not be able to be seen by the doctor and you risk being discharged from the practice.

8. Missed appointments. We charge \$25.00 for missed appointments or appointments not canceled with 24 hours notice. These charges will be your responsibility and billed directly to you. If you miss three appointments, you risk being discharged from the practice. Please help us to serve you better by keeping your regularly scheduled appointment.

9. Copies and Forms. Copies of your medical record will be provided directly to you at a cost of 75 cents a page (non-x-ray). Forms or letters to be completed by the physician (i.e. disability, etc.) are subject to a flat \$25.00 charge and an additional \$5.00 per page.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and understand this financial policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date