CAPITAL FOOT & ANKLE, P.C.
FINANCIAL POLICY

Thank you for choosing CAPITAL FOOT & ANKLE, P.C. as your health care provider. We are committed to providing the best possible care for you. Please understand that payment of your bill is considered part of your treatment. Should you have any questions regarding any aspect of your financial status with our office, please feel free to contact our billing department at (402) 483-4485.

Your clear understanding of our Financial Policy is important to our professional relationship.

- We are happy to bill your insurance directly; however, we must have a copy of your insurance card.
- We ask for a copy of your ID or driver's license due to the many cases of identity theft. (please do not be offended).
- If you do not have your insurance card with you, full payment is due at the time of service. We accept cash, check, visa/mastercard and discover.
- All patients must complete our "patient information form" and other related forms.
- Please notify us immediately of any changes in your insurance or coverage.
- Notice of five business days is required for copies of medical records or x-rays; there may be a nominal fee for this service.
- **Any and all balances are due at the end of each appointment**

All insurance information will be taken at the time your appointment with us is scheduled. Our office will contact your insurance company and check the status of your benefits including deductibles needing to be met, copays, coinsurances, etc. prior to your appointment. We will convey this benefit information to you upon appointment check-in, and calculate any balances due when you check out. Any and all balances are due and payable at the end of each appointment.

SELF PAY

We expect payment at the time of service, unless prior arrangements have been made.

MEDICARE

We accept Medicare assignment. However, if your Medicare plan is an HMO/PPO, you are responsible for verifying that we are providers for your plan. If our office is not a provider for your plan, you are responsible for all charges not covered by insurance. Some services and supplies are not covered by Medicare and we will advise you of the non-covered charge prior to the service being provided.

HMO/PPO

All co-payments are due at the time of service. if you are unable to pay your copayment as assigned by your insurance company, we may ask you to reschedule your appointment. We are members of most, but not all plans. You are responsible for verifying that we are providers for your plan. If you are an HMO member, you must have your referral at the time of the visit or your plan requires that we ask you to reschedule. If you have verified that our podiatric physician is in your HMO/PPO plan, then you will be responsible for your deductible, copayments, co-insurance and any non-covered services provided. If our podiatric physician is not in your HMO/PPO plan, then you will be responsible for all charges at the time of your visit.

WORKER'S COMPENSATION

If you are here because of a work related injury, we will require information regarding both health insurance and your employer's Worker's Compensation insurance. Before seeing a podiatric physician, we will require a letter or statement from the Worker's Compensation carrier authorizing your treatment. The letter should include the claim number, address, adjuster's name, and telephone number. (Your employer's human resources office should be able to assist you with obtaining this information.) If payment is not received from these third parties within 60 days, we have the right to bill you directly.

HOSPITAL AND SURGERY CHARGES

In the event that you undergo surgery in a hospital or surgery center, a separate charge will be made by that facility. Your podiatric physician at CAPITAL FOOT & ANKLE, P.C. may have a financial interest in a surgery center where you will be having your surgery.

UCR (USUAL AND CUSTOMARY RATES)

We are committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determinations of UCR.

FINANCIAL AGREEMENT

I understand that if the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am financially responsible for all charges not covered by insurance and I guarantee the balance to be paid by my credit card, check or cash after each appointment. I agree to pay for the services rendered to me at the rates now in effect or to become effective during the course of my visits. If there is an overpayment by me, or on my behalf, I direct Capital Foot & Ankle, P.C. to apply the overpayment to any other unpaid account I may have with Capital Foot & Ankle, P.C. before being reimbursed. I acknowledge that all billings for services are due and payable at the time of service or within 30 days of the date thereof. I understand that I may be charged and agree to pay interest, which will accrue monthly at the rate of 1% per month beginning 30 days after the date of service; and that in the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances if allowed by state and federal law. I understand that a service charge of $30.00 will be assessed my account for each insufficient funds check received and agree to pay this service charge.

_____	_____	_____
Name of Patient (please print)	Signature of Patient or Responsible Party	Date