

FOOT & ANKLE CENTER OF OCALA, P.A.
6160 SW HIGHWAY 200, SUITE 100, OCALA, FL 34476

Office Financial Policy

We are committed to providing you with the best possible care. If you have medical insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. This includes, but is not limited to; co-pays, deductibles, co-insurances, and/or products purchased on the date of service. We accept cash, checks, debit cards, and credit cards. We will be happy to process your insurance claim form on your behalf. We accept assignment from most insurance companies.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance; however, you must realize that:

- A. Your insurance is a contract between you, and/or your employer, and the insurance company. We are not a party to that contract.
- B. Not all services are a covered benefit in all insurance contracts. Some insurance companies arbitrarily select certain services they will not cover.
- C. We attempt to coordinate information with your insurance company. We collect the fees that are due based on the information provided to us by your insurance company. If the information we are given is incorrect, you may have a balance on your account or a credit due to you once the insurance makes their final payment.

We must emphasize that, as a podiatric care provider, our relationship is with you (NOT your insurance company). While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Additional fees that may apply:

- There is a \$25 charge for all checks returned by the bank for insufficient funds.
- Patients that give less than twenty-four hours notice or do not show up for their scheduled appointments will be charged a \$50 fee. Repeat occurrences can result in limitations to “work-in” appointments or a discharge from the practice at our discretion.
- Accounts with a patient due balance will be sent a monthly statement. Patients that do not pay their balance after receiving two statements will be assessed a \$5 rebilling fee each month. Statements not paid after receiving a total of four statements will be referred to a collection agency.

I certify that I have insurance coverage and assign directly to Foot and Ankle Center of Ocala PA all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

Foot and Ankle Center of Ocala PA may use my health care information and may disclose such information to the Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

Patient/Guarantor/Responsible Party Signature

Date