

FINANCIAL POLICY

(Please Read, Initial Each
Financial Policy Line Sign At the
Bottom of the Form)



Welcome to Foot and Ankle Specialists of the Mid-Atlantic, LLC and thank you for selecting our practice. We are committed to providing you with the best possible care. If you have medical insurance, we want to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our policy.

_____(initial) Your insurance is a contract between you and the insurance company. It is your responsibility to understand the benefits of your plan for any and all services. We cannot guarantee payment of your claims that we file. We file as a courtesy to you and your insurance company will not give us a guarantee of coverage. If your insurance company pays only a portion of your claim or rejects your claim, you and/or the policyholder should make an inquiry to your insurance company. Payment delays or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. Unfortunately, delays in reimbursement may make you subject to: a \$5.00 per month fee for balances older than 30 days plus a 10% administrative fee, a \$35.00 fee for returned checks, and a fee not to exceed 10% for the establishment of a payment plan.

_____(initial) We participate in a number of health insurance plans. All patients are required to pay their co-pay, co-insurance, deductibles, and any patient balances owed of all visits, at the time of their visit. Patients that do not pay their co-pay at time of visit will be charged an additional \$5.00 statement fee. In addition, HMO patients must present a valid referral/authorization from their primary physicians at check in. All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered" or you do not have an authorization, you will be responsible for the entire charge for all services rendered. We will attempt to verify benefits for some specialized services; however you remain responsible for charges to any service rendered. Patients are encouraged to contact their insurance company for clarification of benefits prior to services rendered. In the event you do not satisfy your financial responsibilities, the practice may use a collection agency, may provide protected health information to that agency. If such agency is used, you will be responsible for a 35% balance-based collection fee and any additional costs related to satisfying that debt, including, but not limited to, court costs, and/or reasonable attorney fees that may be incurred in the collection of an outstanding balance affiliated with satisfying your financial responsibility.

_____(initial) MEDICARE PATIENTS – Please understand that we participate with Medicare. However, you are responsible for your co-insurance, deductible, and any non-covered services. If Medicare has provided reimbursement for services rendered, and if your supplemental insurance does not respond within 30 days, then you become responsible for the balance.

_____(initial) In order for us to service your account and/or to collect any amounts you may owe, we, The Foot and Ankle Specialists of the Mid-Atlantic, LLC, and our agents may contact you by telephone at any phone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us to use. Methods of contact may include using pre-recorded or artificial voice messages and/or use of an automatic dialing device, as applicable.

_____(initial) Missed appointments: You will be billed a \$40.00 charge for missed appointments not cancelled with at least 24 hours' notice.

_____(initial) If you believe your insurance company has made an error or not adequately addressed your claims you may contact the insurance company and/or file a grievance or appeal with your state: for Maryland, contact the Maryland Insurance Administration at 410-468-2244 and/or The Health Advocacy Unit of the Maryland Attorney General at 410-528-1840; for Pennsylvania, contact the Bureau of Consumer Services, Pennsylvania Department of Insurance at 1-877-881-6388; for North Carolina, contact the Consumers Services Division, N.C. Department of Insurance at 1-855-408-1212; for Virginia, contact the State Corporation Commission, Virginia Bureau of Insurance at 1-877-310-6560; and for the District of Columbia contact the Department of Insurance, Securities and Banking at 202-727-8000.

I, _____, have read and I understand the above financial policies. These policies are subject to
(Name of patient)
change without prior written confirmation.

Signature of patient or legal representative

Date