

## Financial Policy

Welcome and thank you for choosing **Fleetwood Footcare Center, PC** for your medical care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you and questions you may have concerning a bill.

**Payment in full is due at the time services are rendered.** As a courtesy to our patients, we accept cash, personal check, money order, Visa, MasterCard, Discover, and American Express. Co-pays will be collected at the time of service as required by your insurance company.

In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy:

### Our Office Hours are:

#### **Fleetwood Office**

Mon, Wed: 8am – 12:00pm, 1:30pm – 6:45pm

Tue, Thur: 8am – 12:00pm, 1:30pm – 4:15pm

Fri: 8am – 12:00pm, 1:30pm – 4:45pm

#### **Bernville Office**

Mon: 8:30am – 12:00pm, 1:30pm – 4:30pm

Wed: 8:30am – 12:00pm, 1:30pm – 5:15pm

Fri: 8:30am – 12:00pm, 1:30pm – 4:45pm

### Appointments:

- Please arrive for your appointment 10 minutes early.
- If you are more than 15 minutes late for your appointment, you will be marked as a NO Show and will need to reschedule your appointment.
- It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained all necessary referrals ***BEFORE*** your scheduled appointment. (Failure to confirm this may result in your responsibility for any and all charges.)
- Please inform the receptionist of any demographic changes (phone number, address, insurance information, etc.). Failure to notify us immediately of changes in demographic information, financial status and / or insurance coverage may result in you being responsible for any services not covered by your insurance carrier.

### Missed or Cancelled Appointments and other fees:

- Failure to arrive on time for appointments will result in either \$35 fee for established patients or \$75 fee for new patients.
- 24 hours' notice is required to cancel and/or reschedule all appointments. Failure to do so will result in either \$35 fee for established patients or \$75 fee for new patients.
- There will be a fee of \$8.00 for any returned checks to our office.
- All balances are due prior to any further services provided by our office.

### Payment in full is due at the time services are rendered:

- Co-pays and co-insurance amounts, deductibles, and all non-covered items and charges are the insured/patients financial responsibility and are due during the check-in process. **Failure to produce payment at check-in may result in your appointment being rescheduled.**
- Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service.
- Failure to pay balances may result in discharge from the practice.

**Medicare/Commercial Ins:** You are responsible for remitting co-pays at the time of service and unless otherwise indicated, responsible for obtaining the necessary referrals/authorizations your plan requires. If you fail to do so, you will be responsible for payment. These are policy provisions which you agreed to adhere to when you signed up for the plan. We will submit all charges and follow-up with your carrier for payment. You are responsible for all deductibles, co-pays and any other non-covered charges.

**Auto Accident/Workers Compensation:** you are responsible for providing our office with the necessary information needed to properly submit charges. Some No-fault carriers have deductibles on medical charges, for which the **patient** (not the insured) is responsible. If you have private insurance we will submit on your behalf and bill you for any unpaid balances. You will be required to give private insurance information and get referrals if you have a managed care plan in case it is determined by your Auto/Workers Compensation insurance that they are not responsible for the services provided.

**Medicaid:** You are responsible for providing our office with your ID# (this is your recipient # and is 10 digits long). If you have a managed Medicaid plan (Gateway, United Healthcare, etc.) you are responsible for obtaining a referral from your Primary Care Physician; otherwise payment will not be made. If you fail to do so, your appointment will need to be rescheduled.

**Non-Participating Carriers:** You are ultimately responsible for all charges if we do not have a participation agreement with your insurance carrier. If you provide our office with the necessary information needed to properly bill, we will submit on your behalf. You are responsible for following-up with your insurance carrier for unpaid claims and/or appeals. You are responsible for all deductibles, co-pays, and non-covered charges.

**Liability:** Carriers usually remit payment to the patient or the patient's attorney if one has been retained. **OUR POLICY DOES NOT ALLOW US TO HOLD ACCOUNTS WHICH ARE PENDING RESOLUTION OF ANY LIABILITY OR LITIGATION ISSUES. WE DO NOT, UNDER ANY CIRCUMSTANCE, BILL ATTORNEYS.** If you provide a letter from the liability carrier indicating they accept full responsibility and will remit payment, we will submit on your behalf. Otherwise, you may either have charges submitted to your private carrier or pay for services and obtain reimbursement upon resolution/settlement.

**Minor Patients:** The parent (s) or guardian (s) accompanying a minor are responsible for providing current insurance information for the minor as well as the payment in full for the services provided at the time of service. Parent (s) or guardian (s) must have an Authorization for Medical Treatment form signed each time a minor arrives unaccompanied by a parent or guardian. However, they must arrive with an adult to every visit or they will be requested to reschedule their appointment. In compliance with HIPAA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for any parties that are not the patient, unless otherwise documented. Both parents/legal guardian (s) are responsible for payment for services rendered to the minor patient. A copy of this financial policy and statements will be provided to each parent if living in separate residences upon request. The bills will only be sent to another parent/legal guardian with court orders explaining why and who is responsible for the patient's bills.

**Lab/Hospital Charges:** Any service(s) provided by a lab or hospital is a contract between you and that lab or hospital. Any dispute with that facility should be handled with that lab or hospital and is not the responsibility of this practice. It is your responsibility to know which procedures your insurance will and will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

**Additional Paperwork:** Any paperwork needed to be filled out by the physician will result in a \$5 charge. This fee is expected to be paid prior to receiving the completed forms from the physician.

**Keeping a credit card on file:** Please sign the payment plan consent form in order to keep a credit card number on file to be used for any unpaid balances. Keeping credit card information will **ONLY** be done if the patient requests it on payment plan consent forms; otherwise, our office shreds the information.

**Payment Plans:** Our office will be happy to work with you in order to pay any balance due to our practice. Please contact our billing department to work out payment plan. Please allow 5 mail days prior to each due date for each payment to be received in mail by our practice. Payments can be made over the phone by calling 610-944-6537 for Fleetwood Office / 610-488-8080 for Bernville Office or mail payments to PO Box 425, Fleetwood, PA 19522.

**Refunds:** Refunds are issued to the appropriate party after all active or past due charges are paid in full. Refunds less than \$10.01 will not be issued, unless requested, and will be credited to your account at our practice. Patients will be notified of this.

**Self-Pay:** We offer a reasonable discount for cash paying patients. We will give you an estimate of what will be due at the time of service and payment for services is due at the time of service. You will be asked to sign a waiver stating that you have no health insurance and will not be filling with any health insurance carriers. Failure to sign this waiver may result in cancellation of your appointment. You can contact our Billing Department Monday-Friday, 9:00 am – 12:00 pm, and 1:30 pm – 4:00 pm.