



Oklahoma Foot & Ankle Treatment Center

OKLAHOMA FOOT & ANKLE TREATMENT CENTER FINANCIAL POLICY

EFFECTIVE DATE: 7/23/2018

Thank you for choosing our office as part of your health care team. In our effort to provide personalized care in the most efficient and economical manner possible, we are providing to all of our patients this copy of our Financial Policy. We ask that you take a few moments to read our Financial Policy and sign below.

Insurance Coverage

Your insurance policy is a contract that exists between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number provided on the back of your insurance card.

New insurance companies are continually forming, and existing insurance companies are rapidly changing. It is your responsibility to know the specifics of your policy (referral requirements, authorizations, in and out of network physicians and facilities, etc.). Most private insurance policies (non Medicare/Medicaid) plans now have deductibles, copayments, coinsurances, maximums, and out of pocket expenses.

We rely on you to inform us of all insurances in effect, and to notify the office immediately of any changes with your insurance. If you do not inform us of changes, you will be responsible for the services rendered. When multiple policies exist, it is the patient's responsibility to inform us which policy is the primary plan. If we are not provided ALL insurance information at the time of service, you will be responsible for paying Oklahoma Foot & Ankle Treatment Center directly and then submitting for reimbursement from your insurance company.

Appointment Charges

All charges are the responsibility of the patient. We will bill your insurance company, but any services not covered are the patient's responsibility at the time of service. Unless you or your health insurance carrier have made other arrangements in advance, payment for office services are due at the time of service. We will accept VISA, MasterCard, Discover, cash or check. If you do not have insurance, you are responsible for all services rendered at the time of service. Co-pays will always be collected at the time of service, and we will attempt to collect deductibles (as required by insurance companies). For new patients, we will make every attempt to contact your insurance company to determine your office visit copayment, if any. Existing patients should notify us of any changes related to copayment amount right away. Costs can vary depending on the type of insurance coverage and the treatment

for your particular condition(s). Our staff cannot guarantee cost/payment by your insurance company. If you have any concerns, we advise you to contact your insurance company.

If you miss an appointment, or cancel an appointment less than 24 hours before the appointment time, you may be assessed a \$25 fee. Missed appointment fees are the responsibility of the patient. A \$25 fee will be assessed on all returned checks, as your insurance company does not cover this fee.

Balances/Collection Fees

By signing below I agree to pay all amounts owed within the due date specified on my bill. Past due accounts, greater than 90 days, may be turned over to our collection agency. All costs incurred including, but not limited to, collection fees, attorney fees and court fees shall be your responsibility in addition to the balance due this office.

I have read, understand, and agree to the Financial Policy of Oklahoma Foot & Ankle Treatment Center.

Patient's Name (print): _____ Date: _____

Patient's/Guardian's Signature: _____ Date: _____



Oklahoma Foot & Ankle Treatment Center

OKLAHOMA FOOT & ANKLE TREATMENT CENTER PATIENT FINANCIAL ARRANGEMENT AGREEMENT

Patient and/or Guarantor Name

Date

Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we are providing the following two payment options to collect balances that become the patient's responsibility.

Option 1

I choose as the guarantor and/or patient to pay any balance that becomes my responsibility upon receipt of a statement. If any balance is not paid within 90 days the balance becomes my responsibility, the account may be turned over to our collection agency.

OR:

Option 2

I choose as the guarantor and/or patient to have any balance that becomes my responsibility charged on the credit card number listed below as it becomes due. I understand that if the credit card number supplied is rejected or declined it is my responsibility to supply Oklahoma Foot & Ankle Treatment Center with a new credit card number promptly.

I understand that if I do not abide by the payment arrangement listed above, after 90 days, Oklahoma Foot & Ankle Treatment Center may turn my account over to a collection agency and I will be responsible for all collection and legal fees that the Practice incurs as a result.

Authorization signature: Date:

Name on card:

Credit card: MC VISA DISCOVER

Number: Exp. Date: CCV:

Billing Address: Zip Code: