

OFFICE FINANCIAL POLICY

Our office, **Missouri Foot & Ankle Clinics, PC.**, participates with many health insurance carriers. We file your claim as a courtesy to you, but you must provide our office with a copy of your current card at the time of your visit. If you can't provide your current information, you will be expected to pay for your visit. We will provide you with a receipt, which is your responsibility to maintain as proof of any payment made to our office. **You are ultimately responsible for any charges incurred in our office whether you think your insurance should pay for those charges or not.**

Our staff has contacted your insurance carrier prior to your visit and obtained your health insurance benefit information, such as dates of eligibility, benefits, co-pay, co-insurance and deductibles. Every effort is made to obtain the most current information that your insurance carrier can provide us. We can't guarantee the accuracy of the information given to us by your insurance carrier. We recommend you contact your insurance company directly if you have any questions about your policy.

Referrals: are the patient's responsibility to obtain. If a referral is required by your insurance and hasn't been received, you will be asked to reschedule your appointment.

Co-pays: are to be paid at the time of service. If you are unable to pay it, you will be asked to reschedule your visit. We will bill a co-pay if our office inadvertently didn't collect it at your visit. The exception would be if you required emergency care.

We Require a Down Payment: toward your **co-insurance** and **deductible** amount at the time of service, prior to any surgery or procedure, that will be applied toward your balance. Keep in mind that this is a portion of your financial responsibility and does not represent the final monetary balance for your treatment. Prior to any services rendered, an estimate will be made available upon request. A fee schedule is available for common services and medical equipment we provide. Services that are not specified on the fee schedule require a \$100.00 pre-paid deposit.

Outpatient Surgical Procedures: performed at an ambulatory surgery center or hospital may require a 50% down payment to be applied to your deductible and/or co-insurance for the surgeon's fee. This payment is made to Missouri Foot & Ankle Clinics, P.C. and is separate from any payment required by an outside facility, such as an ambulatory surgical center. An estimate of surgery cost will be provided and a monetary amount will be calculated based on this estimate.

Refunds: will be issued partially or in total, after your insurance carrier has processed your claim and made a determination on what services are covered. All deposits will be applied toward your outstanding deductible, co-payments or co-insurance. Refunds will be distributed within 30 days from the time Missouri Foot & Ankle Clinics, P.C. receives notification from your insurance carrier.

Payment Plans: will not be a general practice of Missouri Foot & Ankle Clinics, P.C. except under special circumstances set forth by the treating physician.

Durable Medical Equipment and Foot Orthotics (arch supports): often have **different insurance benefits** than office visits and medical procedures, even though they may be covered by your insurance plan. These durable medical devices, such as custom ankle braces, pre-fabricated splints, arch supports and fracture boots, may require an additional down payment as necessary (see fee-schedule). Custom foot orthotics (1 pair) cost \$400.00; a \$200.00 deposit is required at the time of casting (see orthotic policy).

Billing: You will receive a monthly billing statement from our billing office. If you believe there is an error with your bill please contact our billing service immediately at 1-877-763-3627. Please leave a message and someone will get back to you. If you do not get a response, contact our Blue Springs office. Full payment is due within 30 days of the statement due date. Accounts that become delinquent

will be referred to a collection agency. Once you have been sent to a collection agency, you may be dismissed as a patient of this practice.

Minor Patients: In the case of divorced parents, payment is expected from the person signing this document and will be the guarantor for all payments for any services provided. Missouri Foot & Ankle Clinics, P.C. shall not recognize any divorce decrees regarding reimbursement for medical service for any minor of divorced parents.

Copies of Medical Records: A signed authorization is required for release of your medical records. It may take up to 7 days to obtain your file copies.

X-Rays: are legal property of Missouri Foot & Ankle Clinics, P.C. We are unable to make copies of any x-rays.

Outside X-Rays, CTs and MRIs: are your responsibility to return.

Non-Sufficient Funds Checks: a \$45.00 non-sufficient funds fee will be assessed per check returned to Missouri Foot & Ankle Clinics, P.C.

Disability Forms: a \$35.00 fee must be paid prior to physician completion. These will take up to 1 week to complete. Each additional form is \$20.00.

Missed & Late Appointments: At least a 24-hour notice must be given for appointment cancelations. Exceptions are emergencies and special circumstances. Without notice, a \$35.00 charge will be attached to your account for cancelations and/or missed appointments. A patient may be dismissed from our practice at the physician's discretion, for repeated "no-show" appointments or cancelations.

FEE SCHEDULE:

New Patient- Office Visit	\$125.00
Established Patient- Office visit	\$75.00
Nail/Callus Debridement (New Patient)	\$75.00
Nail/Callus Debridement (Existing Patient)	\$45.00
ADD ON PRECEDURES – TO THE ABOVE CHARGES	
3 View Foot X-Rays (per foot)	\$75.00
3 View Ankle X-Rays (per ankle)	\$75.00
Ingrown Toenail Removal (Perm) Per Toe	\$300.00
Ingrown Toenail Removal (Temp) Per Toe	\$150.00
Cortisone Injection	\$125.00
Custom Foot Orthotics	\$400.00
Wart Removal	\$300.00
Foreign Body Removal	\$300.00
Air Cast Boot (CAM Boot)	\$100.00
Ankle Tri-Lock Splint	\$75.00
Night Splint	\$75.00
Diabetic Shoes and Prefab Insoles	\$150.00
Diabetic Shoes and Custom Insoles	\$300.00

I have read, understand and agree with the financial policy of this practice.

Patient Signature: _____ Date: _____
(If minor, Guardian signature is required)

Witness Signature: _____ Date: _____
(Updated 01/2012)