

## **East Windsor Lawrenceville Foot & Ankle, P.C. Financial Policy**

Thank you for choosing our practice as your podiatric health care provider. We are committed to making this a pleasant and thorough care experience. The following is a statement of our financial policy, which we require you to review and sign prior to your office visit.

**Regarding Insurance:** Patient's are required to present a copy of their insurance card and a photo ID at the time services are rendered. If you participate in an HMO/QPOS insurance plan with which we participate and a referral is required for your visit, please acquire your referral from your primary care physician prior to your visit. Your referral must specify the name of this practice/doctor's name, diagnosis, number of visits allowed and expiration date. Please keep track of your referral status as this is your responsibility. In the event that your referral is expired or does not have any remaining visits allowed, then you will be responsible for charges related to any services rendered for that visit. If you have a copay for your insurance policy, you will be responsible to pay for the copay prior to your visit with the doctor. If you participate in a PPO/POS insurance with which we have a contract, you will be responsible to pay for the specialist copay listed on your insurance card. If you have not met your deductible, you will be billed accordingly and payment will be expected. Patients are responsible for payment of services rendered regardless of any insurance company's determination of usual and customary fees. Patients will also be required to pay for services rendered in the event that an insurance policy has lapsed in coverage or is not in effect at the time of service. Please notify our office staff immediately of any change in the status of your insurance policy. We accept cash, checks and credit cards including Visa, Master Card, and Discover Card as forms of acceptable payment.

**Medicare Patients:** Patients are responsible for meeting their annual deductible and paying for their co-insurance/co-payment. We will file with secondary or supplemental carriers however in the event that the secondary insurance does not provide payment within 60 days, the patient will be sent a bill for the outstanding balance. Please present a copy of your supplemental insurance card along with your Medicare card at the time of service.

**Out of Network/Self-Pay Patients:** If you have presented us with a health insurance card with which we are not contracted with, we will be glad to assist you in providing you with an itemized bill of your services which will allow you to submit for reimbursement from your insurance carrier. If you are a self-pay patient, payment is expected on the day that services are rendered.

**Regarding the Red Flag Law:** As of November 30, 2009, our practice is required by law to take a copy of your insurance card and your photo ID card. This law was put in place by the federal government to prevent identity theft. Please have your cards with you for each of your visits to our office. We thank you for your cooperation in this matter.

**Regarding Lab Charges:** If any services are required by an outside lab or facility, there will be an additional fee to your insurance company for the processing and reading of your lab results. Please note that any charges which are not covered by the patient's insurance company will result in a bill which is the responsibility of the patient to pay.

**Regarding Authorizations:** East Windsor Lawrenceville Foot & Ankle, P.C. will be responsible for calling your insurance company to request benefits or coverage status for custom orthotics, durable medical equipment and radiologic exams such as MRI or CT scans. The information provided to our practice by the patient's insurance company is never a guarantee of payment. Any resulting charges not covered by the patient's insurance will be the responsibility of the patient to pay.

**Regarding Cancellation of Appointments:** Please notify our office 24 hours in advance by phone if you need to cancel an appointment. Any missed appointments which were not cancelled 24 hours in advance will result in a \$25 charge.

Thank you for your cooperation and understanding of the above stated policies.

I have read the financial policy listed above and I understand and agree to this policy as signed below:

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Name of Patient or Responsible Party (Print)

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