



# Falls Church Foot and Ankle Center FINANCIAL POLICY

We Accept Visa, Mastercard, Discover, Checks and Cash

The following is a statement of our FINANCIAL POLICY, which you must read and sign prior to any treatment. To avoid any misunderstandings, please contact us should you have any questions about our policies.

**INSURANCE:** If your doctor is a participating provider with your insurance plan, we will submit the claim to your insurance company. To do this we must have complete and accurate insurance information and a copy of your identification card. Your insurance policy is a contract between you and your insurance company; therefore you are responsible for payment whether or not your insurance company pays. **It is your responsibility to contact your insurance company regarding required referrals, second opinions, etc. It is your responsibility to be aware of any contract limitations, maximums and benefits.** Failure to do so may reduce the amount of benefits paid by your insurance, and the balance will then become your responsibility to pay. **If your insurance company denies coverage for your claim for any reason, you will be responsible for payment. This includes all charges. You may still be able to obtain reimbursement from your insurance company by submitting the charges yourself, but you will be responsible for the payment. If you have any questions regarding your coverage, please contact your insurance company.**

**NO INSURANCE:** If you do not have insurance or the doctor is not a participating provider with your insurance plan, please be prepared to fully cover the fees for each visit at the time of treatment.

**PARTICIPATING INSURANCE:** Even if the doctor participates with a particular insurance company, the doctor may not be a full participant in your particular plan. Accordingly, *it is your responsibility to determine whether the doctor participates in your specific insurance plan.* If your insurance company does not pay the claim for any reason, you will be responsible for payment.

**SECONDARY INSURANCE:** Our office **DOES NOT** submit claims to secondary insurance. If you have secondary insurance, you should call your secondary insurance carrier and set-up "automatic crossover" so that your primary insurance company sends your claim directly to your secondary insurance company. Once automatic crossover is set up, your secondary insurance company should make payment directly to this office and we will not bill you for the balance. Otherwise, you will be responsible for the balance. Patients with Medicare as their primary insurance should call 800-633-4227 to determine if they are already set up for automatic crossover. *Please contact your secondary insurance company to set up automatic crossover.*

**REFERRALS FOR EACH VISIT:** It is your responsibility to determine whether you need a referral for your visit and to obtain any necessary referrals. If your insurance company denies coverage because you did not have a referral, you will be responsible for the full charges.

**CO-PAYMENTS:** Please be prepared to pay all co-payments at the time of service. If you do not make your copayment at the time of your visit, an administrative fee of

\$10 will be added to your account. If you do not know your copayment amount, you must pay \$20 toward your copay. Any overpayment will be credited to your account.

**PAYMENT:** Payments for the balance due, co-payments, deductibles, etc., are due at the time of service. There will be a \$35.00 charge for returned checks. Any insurance balance over 90 days will become the entire responsibility of the patient. Delinquent accounts will be referred for collection at the discretion of the office manager.

**COST OF COLLECTIONS:** If your account is turned over to a collections agency, you will be responsible for any fees imposed by the collection agency to collect your account. As these fees can be in excess of *fifty percent (50%)* of the outstanding balance, please be sure to pay your balance promptly.

**MISSED APPOINTMENTS:** Please help us serve you better by keeping scheduled appointments. If it is necessary to cancel, please call our office 24 hours in advance. This allows us to accommodate our other patients. We reserve the right to charge a fee of \$25 for missed appointments.

**MINOR PATIENTS:** The adult or the parent (custodial guardian) accompanying a minor is responsible for payment of services. For unaccompanied minors, non-emergency treatment will be denied unless prior authorization from the parent or guardian has been made for the charges and treatment. Young adults (age 18 & over) are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs this financial agreement, regardless of insurance coverage.

**SUPPLIES:** For your convenience we make some supplies available for purchase in the office. If you choose to purchase these items, payment is due at time of purchase. We cannot bill for these items. In addition, we contract with outside suppliers to provide some supplies through our office. If any of these supplies are used for your treatment you or your insurance will be billed for these supplies by the outside provider. Falls Church Foot and Ankle Center has no part in billing for these supplies.

**What is your copayment per visit?** \$

I have read and agree to the terms set forth in the above financial policy. I understand and agree that I am financially responsible for any balance due.

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(Signature)

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(Date)