

## Financial Policy

We work hard to provide the best service possible by filing your medical insurance information correctly the first time. In order to achieve this we need your assistance and understanding of your insurance's payment policy and procedures.

1. At check-in we **must** have your insurance card(s) and photo i.d. to copy for your chart. This allows us to follow up on any unpaid claims.
2. Co-pay(s) are due at time of check-in.
3. **We must ask that you reschedule your appointment, if you do not have your insurance card(s), referral, or your co-pay with you.**
4. Payment in full is due at time of check-in if you are paying cash for all services and/or your insurance policy is not a contracted carrier with our service.
5. A statement will be mailed on all balances due. Please review your statement for accuracy and report any errors to our billing office.
6. All returned checks will be assessed a \$30.00 processing charge.
7. All outstanding balances past 30 days will be subject to receive interest of 1.5% regardless of payment until balance is zero. Accounts will be placed with a collection agency after 90 days if no payment activity. If you are on a payment plan and miss your monthly payment, the account will be placed with a collection agency. You agree to reimburse Ankle and Foot Centers of Missouri, P.C. the fees of the collection agency, which may be based on a percentage depending on the age of the amount owed (maximum of 50% of the debt) and all costs and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

### **We Do Accept Visa and MasterCard.**

We must emphasize that your insurance is your policy. You need to be aware of your benefits and all restrictions. We deal with many insurance companies and it is impossible to know all the details for every individual's policy. Request a booklet from your insurance company explaining your policy, if you have not already received one. In order to get the best coverage for your medical care, you need to educate yourself about your plan.

Please feel free to ask any member of our office staff if you have any questions regarding any of the above information

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Patient's or Legal Guardian Signature

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Date