

Advanced Podiatry Services

OFFICE FINANCIAL POLICY

It is the policy of Advanced Podiatry Services (A.P.S.) to provide the finest quality of foot and ankle care available. In an effort to make our services available to as many patients as possible on an affordable basis, we employ financially sound practice management. This enables us to provide the highest level of care and at the same time be sensitive to cost containment. In an effort to be fair to all of our patients, A.P.S. has adopted the collection policy outlined below. Please read the policy to learn how the services from A.P.S. will be provided to you in an affordable way.

Insurance Coverage and Third Parties

To help reduce paperwork and relieve patients of financial burdens, A.P.S. has entered into a contractual arrangement with several insurance companies and third parties. Patients covered under these programs will be responsible only for the services not covered, deductibles, and participation in accordance with their specific contracts. A.P.S. will bill the insurance carrier third party directly for that portion of the bill for which it is responsible. If you have coverage under one of these plans and are uncertain as to what items are covered or what you are responsible for, please discuss this with us prior to receiving services. It is our policy to work with patients when confusion arises over these issues to eliminate any possible future problems or misunderstandings.

As a service to our patients, we will bill other third parties directly when patients assign benefits directly to A.P.S. In those cases, the insurance company will generally pay A.P.S. directly and the patients need pay only deductibles, co-insurance amounts, and non-covered services. If a problem with the third party occurs, we will provide the patient with information on services performed so that the patient may receive all due benefits under a plan. When this occurs, however, remember that the patient is ultimately responsible for the bill and that A.P.S. has no control or authority over the patient's insurance company.

New Patients

New patients visiting our offices are expected to pay in full for services when they are performed. Please bring insurance coverage information, including the insurance company's name, policy number, group number, and type of coverage. Since new patients are expected to pay for services when performed, they should be prepared to do so when the initial visit has been completed. For the convenience of new patients, A.P.S. will accept payment using cash (allowing a 10 percent discount), or check (drawn on a local bank).

Established Patients

Established patients are always welcome to pay for services at the time they are performed. Patients will always be given a complete itemized statement suitable for reimbursement from insurance companies at the time they visit our office.

Established patients who wish to charge services may do so. For these accounts, it is our policy to bill every 30 days. Generally, patients making charges at our office are expected to make payment in full within 30 days of receiving their statement. Patients who have large balances from A.P.S. as a result of surgery, extended care or hospitalization, and who are unable to make full payment of their bill as a result of financial difficulties, should contact Lisa or Mary as soon as possible. It is the policy of this office to help work out payment terms for patients in financial need, but we can do so only if we are contacted to make the necessary arrangements.

Summary

If you have any questions regarding our collection policies, please contact Mary or Lisa to discuss them. Things don't always go as planned. If a problem comes up that you didn't anticipate and you are unable to pay your bill, contact us. This will let us know you are receiving your statement and are not simply avoiding payment. Thank you for your cooperation with our collection policy, and we would especially like to thank you for choosing Advanced Podiatry Services for your foot/ankle health needs.

Signature _____ **Date** _____