

# FOOT HEALTHCARE OF DELAWARE

## FINANCIAL POLICY

Thank you for choosing Foot HealthCare of Delaware as your healthcare provider. Our office is committed to your care. Please understand that payment of your bill is considered a part of your care. The following is a statement of our Financial Policy.

### **How may I pay?**

Payments can be made by cash, money order, check, debit or credit card. A returned check fee in the amount of \$35 may be assessed to your account for every check returned for insufficient funds, stopped payment or a closed account.

### **What is my responsibility for my insurance plan's requirements?**

Our staff interacts with many insurance companies, each with different rules and regulations. Although we will do our best to assist with your insurance company's requirements, it is the patient's responsibility to ensure that all required permissions are obtained, including referral, pre-certification, pre-authorization and use of in-network facilities. You will be responsible for the entire bill if payment is denied by the insurance company for failure to obtain the requirements.

### **Insurance and Personal Information**

You are responsible to make sure that we have the most current and updated information. You must bring your current insurance card and a photo ID with you to each visit. You must notify us of any changes in your address, phone number, marital status and insurance.

### **Co-payments**

Foot HealthCare of Delaware is contracted with most insurance providers and is contractually required to collect ALL co-pays prior to service. Please be prepared to pay the co-pay at the beginning of each visit.

### **Self-pay (Cash/Credit Card) Patients**

If you do not have health insurance, payment in full is expected at the time of service.

### **Minors and Dependents**

Parents are financially responsible for care rendered to their minor children. As many insurance companies cover adult children to age 26, it will be the parents' responsibility to pay for any balance on the account.

### **Motor Vehicle Accidents & Worker's Compensation**

We are pleased to see patients for motor vehicle accidents. However, to meet legal requirements, we must have full insurance details, the claim number and claim address so that we can process authorization before the time of your visit. If this information is not available, then your visit may be regarded as a self-pay appointment. We cannot bill private medical insurance for these claims since they are generally not covered.

### **Form Completion**

Many forms require an office visit to be completed. All forms submitted to our practice are completed in approximately seven-to-ten business days. Fees may apply.

**Missed Appointments**

We require at least 24-hour notice for cancellation of appointments. You may be charged a \$35.00 cancellation fee if the office is not given 24-hour notice of your cancellation.

**Medicare**

Our physicians have agreed to “accept assignment” on all Medicare claims. This means that we must accept Medicare’s approved fees. However, you should know that Medicare only pays a portion of the approved amount above your deductible (generally 80%). In addition to your deductible, you are responsible for the balance of the approved amount (generally 20%) unless you have a supplemental plan that covers these fees. You will be billed for any allowable balance not covered by Medicare and/or your supplemental insurance plan.