



13105 Schavey Road, Ste 2, DeWitt, MI 48820
(517) 668-6166

Financial Policy

To All Patients,

The intent of this letter is to inform you of Looking Glass Foot & Ankle Center's Financial Policy. It is our objective that all our patients receive the best possible care and service. Therefore, your understanding of our financial policy as it relates to your financial responsibility is essential. Please read this document in its entirety. You will be asked to sign a form stating that you have read, understand and will comply with the information contained within this document.

- If you are a member of a health plan that Looking Glass Foot & Ankle Center participates with, we will submit your claim to your insurance company. Your co-payment is expected at the time services are rendered. Patients will be billed in full for any services that their health plan deems as "not a benefit" or a "non-covered service." It is the responsibility of the patient to know his/her insurance coverage benefits.
- Medicare patients are responsible for their deductible, co-insurance and any services Medicare might deem as "Medically Unnecessary". Medicare patients will be asked to sign a Medicare Authorization Form, as required by Medicare.
- Medicaid patients will be responsible for any balances of non-covered services or denied claims.
- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their first visit will be financially responsible for all charges incurred.
- Looking Glass Foot & Ankle Center accepts Cash, Personal Check, Discover, Mastercard, Visa, American Express, and ATM debit cards as payment for services rendered.
- A \$35 fee will be assessed for any check returned for insufficient funds. At that time, only cash or charge will be accepted for payment.
- Looking Glass Foot & Ankle Center reserves the right to turn any account over to collections if it is deemed that the account has been in default of payment or compliance with this policy. In the event you breach this agreement, you agree to pay all collections fees, including attorney's fees, incurred by us in enforcing the terms hereof, whether or not formal legal proceedings are commenced.
- If you must cancel an appointment, we require a minimum of 24 hours notice. Failure to give 24 hours of cancellation notice or failure to keep your scheduled appointment will result in a charge of \$25.
- All CASH pay patients (patients without insurances) will be expected to pay for all services that are rendered at that time.