FOOT AND ANKLE CENTER OF DURHAM

A division of InStride Foot & Ankle Specialists

Financial Policy

- For patients with Insurance:
  - I have provided correct insurance information and understand I will be **responsible for payment at time of service** if I fail to disclose correct information to Foot and Ankle Center of Durham (FAD).
  - I authorize FAD to file a computerized claim form (paper or electronic) on my behalf.
  - I authorize benefits to be paid to me or on my behalf to the provider for the covered services. I authorize the release of any medical information to my carrier or its agents needed to determine benefits. I authorize FAD to pursue a formal appeal or grievance on my behalf for any denied claim that they feel should not have been denied. If my insurance fails to respond to the claim within **60 days,** FAD reserves the right to collect full payment from me.
  - I also agree to be responsible for any **co-payments, co-insurance, unmet deductibles, and non-covered services or supplies and understand that payment is due at the time of service.**

    Note: We recognize it is difficult to understand many of the points in today's insurance policies, with new plans and companies emerging constantly. Our office staff will make every attempt to follow the guidelines required by your insurance company. However, please understand that the contract is made between the insurance company and the patient. Therefore it is **your responsibility** to know and understand the details of your specific coverage.

- For patients with Medicare
  - Medicare will only pay for services that they determine to be "reasonable and necessary" under Section 1862(a)(1) of the Medicare law. The following services are ones we know are not covered by Medicare:
    - Routine Foot Care (debridement, cutting, or trimming of corns, toenails, or calloused tissues)
    - Prescription Foot Orthotics
    - Post-operative Surgical Shoes

- For patients with Medicare and that have changed to an HMO Insurance Policy (Medicare replacement plan):
  - I understand that if FAD does not participate with my HMO plan, I may be responsible for **payment in full** if there are no out-of-network benefits.

- For patients without insurance or on a plan that FAD does not participate with:
  - I understand that FAD's financial policy requires payment **in full at time of service.**

- Late Cancellation or No Show Fees:
  - There will be a fee of $50 for any appointment cancelled with less than 24 hours' notice or any appointment missed without prior communication to FAD.
  - There is a **cancellation fee** of $100 for surgeries cancelled with less than 1 full weeks' notice of the surgery date.

- Payments
  - FAD accepts American Express, Discover, MasterCard, Visa, Debit Cards, personal check, and cash.
  - If I am unable to pay my balance in full when due, I understand I need to contact FAD's **immediately at 919-471-1002.** I understand that failure to make payment on my account as required every 30 days will require further action to collect the balance in full and my credit rating will be affected. I understand that if regular monthly payments are not received, and no payment arrangements are made, FAD will no longer be able to extend credit to you for future visits and that an additional collection agency fee will also be added to the outstanding balance at the time of transfer to collections.

I have read the above financial policy in full and agree to comply with all of the listed policies.

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Signature of Patient or Authorized Representative Date