APNA PODIATRY **FINANCIAL & OFFICE POLICY (EFFECTIVE 01/2023)**

INSURANCE: We accept most commercial insurance plans including Medicare and Tricare. **A health insurance policy is a contract between you the Patient/Subscriber and your insurance carrier**. We will submit the claim to your insurance provider on your behalf if you have provided the necessary information such as photo ID, SSN, valid insurance card, referrals, and preauthorization. Failure to provide insurance requirements will result in payment responsibility by the Patient/Subscriber**. If for any reason the insurance carrier does not pay the claim, Patient/Subscriber is responsible for payment of the claim**.

NON-COVERED SERVICES: Please be aware that some, and perhaps all, of the services you receive may not be covered or deemed necessary by your Insurance Provider. You must pay for these services in full if your Insurance Provider does not cover services. Items such as **shoe inserts are not covered by insurance**.

PAYMENTS: Payment is expected at the time of service. **Patient/Subscriber** responsibility to ensure that their Insurance Provider has processed the claim and paid for our services. **All outstanding balance is due prior to seeing the doctor.**

NON-PAYMENT: Accounts Past Due **(30 days)** are subject to a **$35** rebilling **fee**. **Accounts** Past Due **(60 days)** are subject to a **$45** rebilling fee. If your account is more than 60 days past due, **it will be referred to a collection service**. If your account is forwarded to a collection service and/or an attorney, a fee of **40%** of the balance due will be added to your account to cover collection cost.

BILLING: Our office uses **paperless billing**. A bill will be sent to your email on file with a phone follow up. If you prefer a paper bill, a **$5 processing fee** is added to your bill.

IN OFFICE PRODUCTS: For your convenience, we make some products available for purchase in our office which are not covered by Insurance Providers. Products include non-custom shoe inserts, surgical shoes, and other products.

NON-TREATMENT RELATED FEES: **$20 (minimum)** fees for completion of forms (disability applications, handicap stickers, workman's comp etc.). **$10 - Detailed receipts of all claims/payments**. **$10- Personal copy of patient records. $15 - Copy of x-ray on disc**. Lost prescription scripts/orders $10. Returned checks fee is $50. (FEES SUBJECT TO CHANGE WITHOUT NOTICE)

APPOINTMENT POLICY: A **No-Show fee of $100** is charged if you fail to notify our office 24hrs prior to your scheduled appointment time.

AGREEMENT: I have read and agree to the terms set forth in the above financial and office policy. I, the undersigned, certify that I (or my dependent) have insurance coverage that will pay for my medical care directly to APNA Podiatry. I understand that I am responsible for payment of deductibles, co-payments, co-insurance, and/or non-covered services. I hereby authorize the APNA Podiatry to release all information necessary to secure payment for services received. I authorize release of medical information to my insurance carrier or requested physician to provide continuity of care. I authorize the use of this signature on all insurance submissions.

If applicable, I authorize APNA Podiatry to charge any remaining balance not covered by insurance to my credit card on file for services rendered.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____