



FINANCIAL POLICY

Martin Foot and Ankle wants to provide you with excellent healthcare while controlling costs. To do this, we need your help. We ask that you please read our financial policy below.

* Insurance information needs to be updated at every visit. As a courtesy to you we will submit your charges to your insurance for payment. For us to do this accurately and timely, we will need to always have your correct information. Please have both primary and secondary insurance cards ready for review at each visit and inform the receptionist of any new information.

*Please provide us with any new address, telephone or employment changes.

*Patients with HMO insurance policies must have a valid referral with them for each visit. It is the patient's responsibility to contact his/her Primary Care Provider for this information. If a valid referral is not present at your scheduled appointment time, we will need to reschedule.

*Copays, coinsurance and deductibles are due at the time services are rendered. Any outstanding balances are also due at this time. We gladly accept cash, checks, bank cards or credit cards (Debit, Visa, Discover and MasterCard, American Express and Care Credit). We also will take a Credit Card on file. Payment is required at each visit. If you are unable to pay your copay at the time of visit, you will be charged a \$10.00 re-billing fee and/or possible reschedule of your appointment.

Martin Foot and Ankle wants to provide you with the services you need. We know that sometimes financial problems occur. Payment plans may be made with the billing department directly; however these payments must be made in a timely manner and paid off within 6 months.

*Self-pay patients, those who do not have insurance will need to pay their entire bill at that appointment, unless payment arrangements have been made ahead of time with the billing department.

* It is your (the patient's) responsibility to notify us if you do not want your visit sent to your insurance company. For that particular service, the payment is required in full at the time of visit.

*Online Bill Pay through our Patient Portal is available.

*Any bill not paid by the date it is due may be turned over to an outside collection agency. If Martin Foot and Ankle needs to use a collection agency or attorney to collect the unpaid amount, the patient may be responsible for all fees and costs.

*Martin Foot and Ankle reserves the right to not schedule future appointments until patient balance is paid in full."

*No-Show Policy: A \$25.00 charge will be assessed to the patient/guarantor for all no shows. No show is defined as failure to keep your scheduled appointment and failure to notify our office 24 hours prior to your scheduled appointment. Three No Show occurrences could result in dismissal from the practice.

*Any checks returned by the bank will be charged a \$35.00 return check fee.

*Custom Products: Failure to pick up custom products within 30 days from initial contact by the office stating that the product has arrived, will result in the patient or their responsible party being held financially responsible for the entire purchase price of the custom product. All deposits are non-refundable.

*Thank you for your cooperation and continued patronage. Please contact us at 717.757.3537 ext 7009 if you have any policy questions.

Date Signed-

(Patient/ POA / Responsible Party Signature)

Patient's Name:

updated 8/2/2016