

PALOS PODIATRY FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. Your clear understanding of our financial policy is important to our professional relationship.

- ❖ All patients must complete our *Patient Information Forms* and allow us to make copies of their insurance cards, driver's license, or state issued identification card prior to seeing the doctor.
- ❖ Co-pays are due at the time of service. It is required by your insurance company.
- ❖ All minors must be accompanied by a parent or guardian who is responsible for their treatment and financial obligations.
- ❖ Missed or canceled appointments (within 24 hours) may be charged \$30.00.
- ❖ We accept Cash, Check, MasterCard, VISA or Discover as methods of payment.

Regarding your insurance

We must emphasize that as a medical care provider, our relationship is with you, not with your insurance company. As a participating provider of your insurance plan, we will abide by the terms of our contract that we have with your insurance plan. It is your responsibility, as the insured, to understand and follow the guidelines and policies of your insurance company (i.e., deductibles, co-pays, non-covered services, supplies and pre-existing and/or no insurance coverage at the time of service). Failure to do so may result in a reduction of benefits.

If you are a member of an HMO/PPO that requires referral forms, those forms must be presented prior to seeing the doctor. If you do not have a referral form, you may be asked to reschedule for another time or pay for that day's visit.

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of your insurance company's arbitrary determination of usual and customary rates.

Medicare

If you are covered by Medicare insurance, be advised that the doctor does accept assignment on covered services only. Please understand that you are responsible for your yearly deductible and for the 20% remaining after Medicare has paid its 80% of the approved charges. You are responsible for 100% of non-covered routine foot care and supplies.

Records

Your medical record is property of the doctor. You are entitled to a copy of your medical record for a fee. We ask that you allow ample time for the copy to be prepared. Our office charges the allowed fee by the State of Illinois.

I have read the above Financial Policy Statement and agree to its terms.

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Signature of Patient (or parent /guardian)