



NEW BRITAIN
PODIATRY
Associates

EAGLE
FOOT & ANKLE
Specialists



FINANCIAL POLICY

Thank you for choosing us to serve you and your family's healthcare needs. We look forward to establishing a lasting relationship as your foot and ankle healthcare providers. As a part of this relationship, we wish to establish our expectations of your financial responsibility as outlined in our Financial Policy.

Your medical insurance is a contract between you and your insurance company. You are primarily responsible for any charges that you have incurred as a patient in our offices. Out of pocket expenses, such as copays and deductibles, are determined by your insurance contract and we are obligated by law to charge you in accordance to your insurance policy.

CO-PAYMENTS, DEDUCTIBLES, AND FEES:

All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are due at the time the service is rendered. We accept CASH, CHECK, MONEY ORDER, or CREDIT CARDS (VISA, MASTERCARD, AMERICAN EXPRESS)

INSURANCE:

Patients must complete and sign information and insurance forms prior to seeing the physician. You must present a current insurance card at each visit. If you or your children do not present a current insurance card, you will be responsible for payment at the time of your visit. Should your insurance pay the claim at a later date, you will receive a reimbursement from our office. If your insurance carrier or insurance plan is not one that we participate in, you are responsible for payment in full for all services provided. Insurance carriers, including Medicare, considers some services as "Non-covered," in which you are responsible for payment in full. If your insurance company has not paid a claim on your behalf within 90 days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for payment. If we receive payment from the insurance company at a later date, you will be reimbursed by our office.

MINORS AND DEPENDANTS:

Parents and guardians are responsible for payment of balances due for their dependants at the time the service is rendered.

MISSED APPOINTMENTS:

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments. Our fee for a missed appointment is \$35. This fee is not covered by your insurance plan, and is your responsibility.

PROMPT PAYMENT:

Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If you have a financial hardship or if you are unable to pay your bill in its entirety, please contact our billing office to discuss payment options. Your will be required to sign a commitment statement for these options. If your account becomes delinquent and have not established or made payment arrangements with our billing office, your account will be turned over to a collection agency. A collections fee of \$75 will be added to your account.

I have read and fully understand the financial policy and agree to its terms.

Patient's/Guardian's Signature

Date signed