

FINANCIAL POLICY OF WILLIAM F. HINESER, DPM PC FOOTHEALTH of COLORADO, PC

Thank you for choosing us as your foot and ankle health care provider. We are committed to the highest standards of excellence in your treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we request you read and sign prior to any treatment

All patients must complete our information forms before seeing the doctor.

WE ACCEPT CASH, CHECKS, VISA/MASTERCARD AND DISCOVER CARD

Regarding Insurance Plans where we are a participant as a provider:

A valid insurance card must be presented at the time of service. All co-pays and deductibles are due at the time of treatment, before the patient is seen by the doctor. In the event that your insurance coverage changes to a plan where we are not participating as a provider, refer to the paragraph below. Undetermined deductibles are payable within 30 days of the insurance payment unless a payment plan is established and signed by the patient and our office.

Regarding, cash patients, or insurance plans we do not participate with:

There may be some insurance plans with which we do not participate. We will bill your insurance for you. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Regarding cash patients, the balance is due at the time of service.

Usual and customary rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance companies arbitrary determination of usual and customary rates, unless part of a contracted plan.

Orthoses (orthotics):

Patients are required to pay 1/3 of the orthotic charge at the time of service and the balance when the orthotics are dispensed. No exceptions will be made unless a payment agreement has been established and signed by the patient and billing office. It is your responsibility to find out if this is a covered service of your policy.

Supply Items:

Any supply items dispensed to the patient will be handled as self pay (cash) only. We do not bill insurance supplies as they are generally considered to be over the counter items.

Surgery Patients:

We will verify coverage on surgery procedures for the patient's convenience. After verification, deductibles and co-pays and/or a deposit will be collected when the patient

signs the consent form or surgery papers. Payment arrangements may be made on an individual basis.

Minor Patients:

The adults accompanying a minor and the patients (or guardians) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized by insurance coverage, to an approved credit plan – such as Visa/Mastercard or payment by cash or check at the time of service and prior consent to treat has been established.

Canceled or Missed Appointments:

Please give us a courtesy call if you cannot make your scheduled appointment. Help us to serve you better by keeping appointments or rescheduling them.

Late Fees:

We reserve the right to charge a late fee in the amount of \$5.00 every 30 days if no payment is made on your account within that time frame each month, for amounts that are your responsibility.

Insurance Forms:

After the first two forms for each condition (course of treatment) we will charge \$5.00 for each additional form.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

X _____ Date: _____
Signature of Patient or Responsibly Party

X _____ Date: _____
Signature of Co-Responsible Party