



## PAYMENT POLICIES

Please read the following office payment policy carefully and feel free to ask us any questions that you may have. Once you review this policy, please sign on your welcome sheet as your acceptance and acknowledgement of this policy. A copy of this policy can be provided to you upon request.

**1. Registration:** Please notify us immediately if any contact information, health information or insurance information changes so that we can be in touch with you and keep your records updated. Once a year, we will ask you to sign an update registration form that updates your personal information and HIPAA/payment policy. All these forms must be signed by an adult; no minors are to sign consents, even if they are the patient.

**2. Insurance:** On your first visit, we will obtain a copy of your current valid insurance card to provide proof of insurance. We will also require photo proof of ID to verify insurance coverage to help eliminate insurance fraud. On subsequent visits, a current valid insurance card must be provided as proof of continued insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. If your insurance changes, please notify the office as soon as possible so that updated benefits can be verified. Your new insurance card will also be required at your next visit. Failure to provide us with new insurance cards may cause problems since most insurance companies allow only 3 months to submit a claim with correct information. After 3 months insurance may automatically deny the claim for exceeding the time limit for filing a claim.

We participate in most insurance plans, including Medicare and Medicaid plans. If you are not insured by a plan we participate with or do not want an insurance claim to be filed by us, payment in full is expected at the time of service. Knowing your insurance benefits is your responsibility. Please contact your insurance company with questions you have regarding your coverage. Our fees are representative of the usual and customary charges for our area. Charges are based on contracted rates with each individual insurance company for each individual plan.

**3. Co-payments and Deductibles:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. You are responsible for bills until your insurance makes payment and all non-covered portions of your bill. Our office will check your insurance information as a courtesy prior to your appointment, however we cannot guarantee coverage until processing is complete. Any deductible that has not been met will require a \$100 deposit to be paid at the time of your initial visit (\$50 for follow-up visits). This will be applied to your account and a statement will be sent reflecting any additional monies owed after processing your claim through your insurance carrier. If overpayments are made, credits will be mailed once insurance and office processing is complete. Failure on our part to collect co-payments and deductibles from patients is considered fraud. We accept cash, check, money order and credit card.

**4. Non-covered services:** Please be aware that some (or perhaps all) of the services and products you receive may be uncovered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of your visit.

**5. Referrals:** Some insurances still require a referral to see a podiatrist. If required, obtaining the proper referral from your primary care physician is your responsibility. Any balance due from the lack of getting the proper referral will be the patient's responsibility and payment in full will be expected.

**6. Claims submission:** As a service to you, we will prepare and submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with this request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

**7. Nonpayment:** Invoices/statements are sent out monthly. Your prompt payment will assist us in keeping the cost of healthcare down. If three statements have been sent out, and no payment has been received, you will receive notice that your account is now



delinquent and heading for collections. Once your account is put in collections, an additional application fee may be applied up to 33%. Please be aware that if your account goes into collections, you will be unable to schedule additional appointments until full payment is received. You are financially responsible for all charges, whether or not paid by insurance.

**8. Returned checks:** A fee of at least \$25 but no less than the amount charged by the bank will be added in cases of returned checks.

**9. Appointment scheduling:** We offer both pre-booked and same-day appointments in cases of emergency (when available). You must arrive before your scheduled appointment time to allow adequate time for registration, handling payments and information that may be needed before your visit. If you arrive late, we may have to reschedule your appointment to another day.

*\*\*Each patient is important to us and we are dedicated to providing necessary care. Unpredictable situations may occur with patients who require extra attention during the course of the day. We appreciate your understanding when there are delays. The same courtesy will be extended to you when you have additional needs.*

**10. Missed Appointments:** A \$25 administrative scheduling fee is required to schedule an appointment. This fee will be waived upon arrival for your appointment. If an appointment is missed without notification to our office, this fee will not be refunded. Multiple missed appointments without proper notification to our office will be grounds for dismissal from the practice.

**11. Messages:** Our physicians and staff are in constant communication. If you call the office with a question, we will relay your concerns to the physician. A staff member will return your call. When leaving a message, please specify your name, date of birth, and the reason for your call. We will attempt to return your call the same day, however it may be the next business day available.

**12. After Hours Care:** If you have a life-threatening emergency, dial 911. If you need to contact the office or doctor after hours, you may call and leave a message. All messages are followed up on the next office day. The main office number is (937) 433-0444.

**13. Medical Records:** You have a legal right to access your medical records. To facilitate this, we are able to provide for you copies of your medical records for a charge. In addition, you must complete the medical records release form and pay the necessary fees associated with releasing medical records. All payment is due in full before records will be released. You will need to allow us 7-14 business days to prepare the records.

**14. Forms and Documents:** Due to administrative cost, it is our policy to charge \$20 per company for completion of all forms or documents, such as disability applications, FMLA papers, etc. Please allow 5-7 business days for forms to be completed. All payment is due in full before forms will be released or faxed.

**15. Test Results:** All test results will be given in the office by the doctor. No results will be discussed over the phone. Typically it takes up to 1-2 weeks to get test results back. Please be aware that some test processing takes longer than others.

**16. Prescription Refills:** All prescriptions will be E-prescribed to the preferred pharmacy listed in your chart. If you have not been seen in the office in the last 6 months, an appointment will need to be made before any prescription refills will be given.

**17. Patients under the age of 18:** Anyone under the age of 18 must be accompanied by an adult at the initial appointment and any appointment that requires legal consent.. If the parent or legal guardian is unable to accompany the patient, then we are required, by Ohio law, to have written permission for treatment from a parent or legal guardian. If we do not have this at the time of visit we will be unable to see the patient.

**18. Returns:** Only unworn and non-custom items are returnable within 14 days of receipt, if no visible signs of wear, tear, or odor. Custom items are tailored to meet individual needs and are, therefore, non-returnable and non-refundable.