

# WENTZ FOOT AND ANKLE SPECIALISTS

## FINANCIAL POLICY

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Patient,

Thank you for choosing our physician as your healthcare provider. We are dedicated to providing the highest quality, most cost-effective services available. We also attempt to make our services as easy and hassle free as possible. The following represents our policy relative to payment for services.

1. **Insurance:** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments, deductibles, and co-insurance:** All co-payments, deductibles, and co-insurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payment, deductibles, and co-insurance from patients can be considered fraud. Please help us in upholding the law by paying your co-payments at each visit.
3. **Non-covered services:** Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare and other insurers. You must pay for these services in full at the time of visit.
4. **Authorization:** It is your responsibility to obtain any authorization required by your insurance carrier prior to services being rendered. Failure to obtain required authorization will result in you being responsible for the full balance.
5. **Proof of Insurance:** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your identification and current valid proof of insurance coverage. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.
6. **Claims Submission:** We will submit your claims and assist you in any way we reasonably can to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their 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; we are not part of that contract.
7. **Coverage Changes:** If your insurance changes, please notify us immediately so we can make the appropriate changes to help you receive your maximum benefits.
8. **Non-payment:** Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. You would be responsible for all costs of collection including attorney fees, collection fees of 30%, and court costs. You may be discharged from this practice.
9. **No-Show and Cancellation Policy:** Please understand that our appointment times are scheduled to allow us to take care of each individual patient's needs during the patient's visit. Since appointments at Wentz Foot and Ankle are in high demand, we value advance notice from our patients who are unable to keep their scheduled appointment. In the event an appointment is missed or cancelled with less than 24 hours notice or no notice, a \$75.00 charge will be billed to the patient.

Again, thank you for choosing our office. Just as your physician and medical staff are able to provide quality medical service, a patient services representative is available to assist you with any financial matter.

"My signature below acknowledges receipt of this Financial Policy and authorizes Wentz Foot and Ankle to file claims with my insurance."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person financially responsible for payment)