

Financial Policies

Welcome to our office

We are pleased to welcome you as a patient. The following is our financial policy. We feel that it is very important that our patients have a clear understanding of our expectations regarding your billing and payment for our services. Feel free to ask questions. After your initial appointment please advise a receptionist when you come in of any changes in your address, phone number, place of work, or insurance coverage since your last visit.

FEES

The fees for treatment are payable at the time the visit unless you carry insurance that we bill. We accept cash, check, Visa or MasterCard. If other arrangements are needed, please talk to our billing staff prior to receiving service. If you do not have insurance, the initial visit is **estimated** at \$150.00. This will be due at the time of your visit. We do offer a cash discount to private paying patients when paid in full the day of your service. All accounts over 90 days will be sent to collection.

INSURANCE

We bill Medicare and insurance companies with which we are a contracted provider. Front office staff can tell you if your insurance is one of these. It is your responsibility to provide us with your insurance identification card showing proof of coverage on your visit. We also require an additional piece of identification.

CO-PAYS

Many insurance companies have a co-payment. **Our office requires that you pay your co-pay at the time of your appointment.** Please give your co-pay to our receptionist when you check in.

REFERRALS

If your insurance company requires a referral from your primary physician, it is your responsibility to make sure our office has a copy. You are responsible to keep track of visits allowed.

SUPPLIES

Most supplies (padding, pre-fabricated orthotics, heel cups, etc.) are not covered by insurance and payment will be due at time of dispensing. Medicare will not pay for post operative shoes or custom insoles. **No Refunds on DME (Durable Medical Equipment), night splint, walking cast, Darco shoes, etc.**

CANCELLATION

To respect other patients seeking treatment, we ask that you notify our office at least 24 hours prior to cancellation or change of appointment. Reminder calls will be made the day before when possible, but knowing your appointment time is your responsibility.

NO SHOWS

There will be a **\$50 fee** for all no shows.

When a child of divorced parents is seen, we will expect payment from whichever parent accompanies the child and that parent will ultimately be responsible for any unpaid balance. If you are having financial difficulty, our patient account office will be happy to work with you. We do monitor our accounts regularly and nonpayment may jeopardize your ability to be seen by our physicians. Thank you for choosing Cascade Foot & Ankle.

I HAVE READ AND ACCEPT THE CASCADE FOOT & ANKLE FINANCIAL POLICY.

Signature of responsible party

Date

Please print name