

ILLINOIS FOOT AND ANKLE CENTER, SC
FINANCIAL POLICY

PAYMENT FOR SERVICES: Payment for services are due once services are provided to you. We expect all charges we present to you at a visit will be paid at that visit, including copays and unpaid balances. You are responsible for copay amounts, coinsurance amounts, program deductibles, unpaid charges to account, and charges for services that are not covered by insurance or government programs, as determined by your insurance plan. Payments may be made by *cash, check, or credit card*. Payment plans can be agreed upon with a credit card on file. This must be discussed with the office. There will be a \$25.00 charge for *returned checks*.

INSURANCE: If your doctor is a participating provider with your insurance plan, we will submit the claim to your insurance company. To do this we must have accurate insurance information and a copy of your identification card or claim form. Your insurance policy is a contract between you and your insurance company; therefore you are responsible for payment whether or not your insurance company pays. **Copays are due at the time of the visit.**

NO INSURANCE: If you do not have insurance or the doctor is not a participating provider with your insurance plan, all charges for the services will be paid at the time of the visit.

BILLING COMMUNICATIONS: We will present charges to you by written statements via the mail.

ASSIGNMENT OF BENEFITS: I authorize my insurance benefits to be paid directly to the doctor. I understand that the doctor's office will bill my insurance as a courtesy and that I am responsible for all co-payments, deductible, unpaid balances, and non-covered services. I authorize the release of information required to process my claims.

COLLECTIONS: A collection fee equal to 40% of balance will be added to all delinquent accounts over 90 days past due that have to be sent to a collection agency.

DISABILITY AND FMLA PAPERWORK: There is a \$20.00 fee regarding any disability and FMLA paperwork that needs to be completed.

X-RAY COPIES: There is a \$5.00 charge for copies of x-rays.

LATE POLICY: If you are 10 minutes late, you will be asked to reschedule your appointment.

NO SHOW/NO CALL: If you do not show or call to cancel your appointment 24 hours prior, you will be charged \$40. Insurance does not cover this fee. If you "no show/no call" for 3 appointments, you will be discharged from the practice.

INSURANCE TERMINOLOGY

- This is for your knowledge and understanding. If you need further explanation, please contact your insurance company.

PREMIUM: the amount you pay every month towards your health insurance (NOT part of your deductible)

DEDUCTIBLE: the amount you must pay for your health care BEFORE your insurance benefits take effect

CO-PAY: the set amount you must pay for a health care service set by your insurance plan (usually paid per visit). A podiatrist is a specialist.

CO-INSURANCE: the percentage of health care cost you must pay once your insurer covers its share, it typically goes into effect once the deductible has been reached. For example, insurance will pay 80%, but you are responsible for the other 20%

OUT OF POCKET: the maximum you must pay and then insurance will pay 100%. This includes your total deductible as well as your 20% co-insurance payments.