# FINANCIAL POLICY FOR ELITE FOOT & ANKLE

Welcome to Elite Foot & Ankle. Please read, understand, sign, and initial our financial policy prior to treatment.

**Please initial all lines and sign at the bottom.**

_____ Payment is due at the time of service. Our office files your insurance as a courtesy for you. It is your responsibility to make sure that our office is paid for your provided services.

_____ You are responsible for providing us with any updated insurance information prior to treatment.

_____ You are responsible for obtaining any required referral from your Primary Care Physician.

_____ All co-payment and/ or percentage and /or deductible are due at the time of service.

_____ We will verify your insurance coverage. This will be a quote of medical benefit coverage and is NOT a guarantee of payment. In the event your insurance denies payment, YOU are responsible for the balance in full.

_____ Medicare has a yearly deductible. After your deductible has been met, we will accept assignment of benefits as set forth in your Medicare part B. They usually cover 80% of approved amount of service rendered.

_____ Medicare sets the fees that we may charge. Medicare requires that all patients pay their 20% of the approved amount of service rendered unless a 2nd insurance is available which may cover some if not all of the 20%.

_____ Medicare does not cover all services. Some items/services dispensed are solely the responsibility of the patient and require an Advanced Beneficiary Notice to be signed by the patient.

_____ We honor traditional Texas Medicaid, Superior Health, Amerigroup, Molina at this time.

_____ We realize that some of you may not have insurance coverage and are directly financially responsible for all of your healthcare costs. We will inform you of the cost of services planned and or required prior to treatment.

_____ Parents or Guardians of patients under age 18 are required to be present with the patient and responsible for payment at the time of service.

_____ We require a 24 hour notice on all appointment cancellations. If appointment is not cancelled, you will be charged a $80.00 fee.

_____ All Non-Sufficient Funds checks will be charged a $40.00 processing fee. Only cash or money order will be accepted to replace the NSF check.

_____ X-rays are property of Elite Foot & Ankle. For requested digital copies in CD ROM format, there will be a $35.00 charge. Please give us a 5 day notice to get this ready for you.

_____ Disability forms/all paperwork that requires completion by our office will incur a $45.00 fee.

_____ Copies of Medical Records require a 10 day written notice, there will be a $40.00 fee (price may increase due to quantity of pages).

_____ All fees are due prior to providing the requested information.

**I have read the above financial policy for Elite Foot & Ankle and agree to comply with its terms.**

**Signature**_____ **Date**_____