

**Advanced Ankle & Foot Center, LLC**  
OUR FINANCIAL POLICIES AND YOUR MEDICAL INSURANCE

We are committed to providing you with the best possible care. If you have medical insurance, we want to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policies.

**Patients with insurance for which we are contracted providers:**

1. We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. As a service to you, our office will submit claims to your insurance company. However, we consider the patient primarily responsible for the account.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "UCR." UCR is defined as usual, customary and reasonable fees for this region. Thus, most insurance companies consider our fees usual, customary and reasonable. This statement does not apply to companies who reimburse based on arbitrary "schedule" of fees.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. You are responsible for deductibles, co-payments, non-covered services, coinsurance and items considered "not medically necessary" by your insurance company. Please pay co-payments as services are rendered. The remaining balance will be sent to you after we have heard from your insurance. If you or your insurance carrier makes payment exceeding your balance, any overpayment will be refunded.
5. Any payments will be rendered at time of service. We accept cash, checks, debit/credit cards including: MasterCard, Visa, Discover and American Express.

**Patients without insurance must make a \$200 payment for your care on the date of service.** The remaining amount of your service will be billed to you.

It is your responsibility to present your insurance card and make any co-payments at the time of service. If you do not have your insurance card, a \$100 payment will be expected at the time of service, the remaining amount will be billed to you. Otherwise, it will be necessary to reschedule your appointment.

If your plan requires a referral from your primary care physician, you have insurance that has rules and restrictions. Advanced Ankle & Foot Center can only provide services which have been authorized by your primary care physician. It is your responsibility to obtain proper authorization prior to your appointment. If a proper referral/authorization is not received in the office prior to your appointment, you may have higher out-of-pocket expense or no coverage for that date of service.

For any procedures planned or recommended, a fee estimate is available to you before any procedure is done. If you would like an estimate before a procedure, it is your responsibility to ask, as this is available.

**At our discretion, we may ask for additional payments for the following:**

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| 1. Disability Forms/Additional Paperwork: \$25 | 4. Phone Consultation Fee: \$75 per 15 minutes   |
| 2. Missed Appointment Fee: \$25                | 5. Returned Checks: \$25                         |
| 3. Collections Fee: 35% of total bill          | 6. To <u>bill</u> a co-pay : \$20 processing fee |

If you have any questions about our financial policies or any uncertainty regarding insurance coverage, please do not hesitate to ask. You may also contact our billing provider, DayStar Billing Services, LLC at 614-328-0099 or toll free 888-670-0099.