



Print Patient Name: _____

FINANCIAL POLICY

Thank You for choosing Ridgeland Foot and Ankle Center as your health care provider. We are committed to your treatment being successful. The Following is a statement of our Financial Policy that we ask you to read, agree to and sign prior to any treatment.

1. Payment is due at the time services are rendered, including co-payment, deductibles and previous balances. We do bill insurance plans as a courtesy, but it is not a guarantee of payment. We accept cash, check, Visa, MasterCard and Discover.
2. It is your responsibility to verify with insurance plan/carrier prior to each appointment that our group and the individual doctor is a participating provider. Please verify if any services such as office visits, X-rays, and procedures require pre-authorization. Some plans require pre-authorization or referrals from the patient's family physician.
3. Written or verbal authorizations from insurance plans or management groups are not a guarantee of payment. All claims are reviewed by the insurance carriers after services are rendered and authorizations can be denied at the time of review. Denied claims become the patient's responsibility.
4. Statements are mailed after the insurance company has paid their portion. The account is then payable within 30 days. Overdue accounts are subject to a \$15 fee. Accounts 90 days in arrears will be subject to collection by an external agency unless financial arrangements are made with our office.
5. All supplies and products dispensed which are not billable to insurance must be paid for at the time they are dispensed.
6. We recommend you verify with your insurance carrier whenever our office refers you to outside laboratories, hospitals, physical therapy or tests to insure that you do not require any pre-authorization.
7. There is a \$35.00 charge for any and all forms filled by our office. Please allow 7 days for completion of forms.
9. We understand that some appointments cannot be kept due to unforeseen circumstances. However, we ask for a 24-hour notice so that time can be rescheduled for another client. Our policy is to charge \$50.00 for an appointment that is cancelled with less than 24-hour notice.
10. If for any reason you are more than 15 minutes late, we may have to reschedule your appointment.

I HAVE READ TH ABOVE AGREEMENT AND AGREE TO THE TERMS AND CONDITIONS AS SET FORTH BY RIDGLEAND FOOT AND ANKLE CENTERS.

Patient Signature

Date

Patient's Guardian or Representative's Signature
IF PATIENT IS A MINOR (UNDER 18) OR UNABLE TO SIGN OWN CONSENT

Relationship
IF SIGNED BY PATIENT'S GUARDIAN OR REPRESENTATIVE