

Southwest Foot and Ankle Clinic

FINANCIAL POLICY

It is our goal to provide you with the highest quality of care at the most reasonable prices. The following is our financial policy. We invite you to discuss with us any questions you have regarding our services or payment policies. The best health services are based on mutual understanding between the provider and the patient.

In order for you to be well informed, it is important that you understand:

1. **Insurance:** Your insurance is a contract between you, your employer and your insurance company. We have made prior arrangements with certain insurers to accept an assignment of benefits. We ask that you be prepared to pay any co-pay, deductible, non-covered and/or over the counter products you receive at the time of your visit. The Lawton Family Foot Clinic does not extend credit or carry balances on accounts. If required, obtaining the proper referral from your Primary Care Physician is your responsibility. **We accept Cash, Checks, Check Cards, Master Card, Visa, American Express and Discover as well as Care Credit.** Care Credit financing requires advance preauthorization and these arrangements must be made in advance with the front office staff before your appointment.
2. **Medicare Patients:** We would like you to understand that taking assignment means that you are responsible for the **Yearly Deductible** and the **20% Co-Insurance** of what Medicare allows. If you have a secondary and your secondary does not pay your deductible and Co-Insurance you are responsible for it.
3. **Non-Covered Service:** You are responsible for any non-covered services you choose to receive. You must pay for these services in full at the time of the visit. Non-covered items will not be billed to your insurance.
4. **Non Payment:** Any balance that is not paid within 60 days will be turned over for collection. A collection fee of **30% will be added**. Any legal fees and court costs will be added to the patient balance. Please be aware that if a balance remains unpaid, you and your immediate family members may be discharged from this practice.
5. **Divorced Parents:** The parent bringing the underage child in is responsible for any balance incurred. As a courtesy we are happy to file your claim, however, final payment is the guardian's responsibility.

I have read, understood and have made available a copy of the financial policy and I agree to abide by its guidelines.

Print Name of Patient

Signature of Responsible Party

Date

