

FINANCIAL/OFFICE POLICY

Our office, **Missouri Foot & Ankle Clinics, P.C.**, participates with many healthcare insurance carriers. We file your claim as a courtesy to you, but you must provide our office with a copy of your current card at the time of service on every visit. If you can't provide your current information, you will be expected to pay for your visit. We will provide you with a receipt, which is your responsibility to maintain as proof of any payments made to our office. You are ultimately responsible for any charges incurred in our office whether you think your insurance should pay for those charges or not.

Our staff has contacted your insurance carrier prior to your visit and obtained your health insurance benefit information, such as dates of eligibility, benefits, copay, co-insurance and deductibles. Every effort is made to obtain the most current information that your insurance carrier can provide us. We can't guarantee the accuracy of the information given to us by your insurance carrier. We recommend you contact your insurance company directly if you have questions about your policy.

Referrals are the patient's responsibility to obtain. If a referral is required by your insurance and hasn't been received, you will be asked to reschedule your appointment.

Copays are to be paid at the time of service. If you are unable to pay it, you will be asked to reschedule your visit. We will bill a copay if our office inadvertently didn't collect it at your visit. The exception would be if you required emergency medical care.

We Require a Down Payment towards your **co-insurance** and **deductible** amounts at the time of service, or prior to any surgery or procedure, that will be applied toward your balance. Keep in mind that this is a portion of your financial responsibility and does not represent the final monetary balance for your treatment. Prior to any services rendered, an estimate will be made available on request. A fee schedule is available for common services and medical equipment we provide. Services that are not specified on the fee schedule require a \$100 pre-paid deposit.

Outpatient Surgical Procedures performed at an ambulatory surgery center or hospital may require a 50% down payment to be applied to your deductible and coinsurance for the surgeon's fee. This payment is made to Missouri Foot & Ankle Clinics, P.C. and is separate from any payments required by an outside facility, such as an ambulatory surgical center. An estimate of the surgery's cost will be provided and a monetary amount will be calculated based on this estimate.

Refunds will be issued partially or in total, after your insurance carrier has processed your claim and made a determination on what services were covered. All deposits will be applied toward your outstanding deductible, copayments or coinsurance. Refunds will be distributed within 30 days from the time Missouri Foot & Ankle Clinics, P.C. receives notification from your insurance.

Payment Plans will not be a general practice of Missouri Foot & Ankle Clinics, P.C. except under special circumstances set forth by the treating physician.

Durable Medical Equipment and Foot Orthotics (arch supports) often have **different insurance benefits** than office visits and medical procedures, even though they may be covered by your insurance plan. These durable medical devices, such as custom ankle braces, pre-fabricated splints, arch supports and fracture boots, may require additional down payment as necessary (see fee schedule). Custom foot orthotics (1 pair) cost \$400; a \$200 deposit is required at the time of casting (See orthotic policy)

Billing: You will receive a monthly billing statement from our billing office. If you believe there is an error with your bill, please contact our billing service immediately at (816) 554-2373. If you do not get a response, contact our Blue Springs office. Full payment is due within 30 days of the statement due date. Accounts that become delinquent will be referred to a collection agency. Once you have been sent to a collection agency, you may be dismissed as a patient from this practice.

Minor Patients: In the case of divorced parents, payment is expected from the person signing this document and will be considered the guarantor for all payments for any services provided. Missouri Foot & Ankle Clinics, P.C. shall not recognize any divorce decrees regarding reimbursement for medical services for any minor of divorced parents.

Copies of Medical Records: A signed authorization is required for release of your medical records. It may take up to 7 days to obtain your file copies. **X-rays** are the legal property of Missouri Foot & Ankle Clinics, P.C. X-ray copies will be given within 7 days upon request with a charge of \$30.00 for 3 films. If more than 3 films are needed, there will be an additional charge of \$10.00 per film.

Nonsufficient Funds Checks: A \$35.00 non-sufficient funds fee will be assessed per check.

Outside X-rays, CT's, MRI's are your responsibility to return.

Disability Forms: A \$20.00 fee must be paid prior to physician completion. These will take up to one week to complete. Each additional form is \$10.00.

Missed and Late Appointments: At least a 24 hour notice must be given for appointment cancellations. Exceptions are emergencies and special circumstances. Without notice, a \$35.00 charge will be attached to your account for cancellations and/or missed appointments. A patient may be dismissed from our practice, at the physician's discretion, for repeated "no-show" appointments or cancellations.

FEE SCHEDULE

Office Visit, New Patient:	\$90
Office Visit, Established Patient	\$65
X-Rays (3 views)	\$35
Toenail debridement (est. patient)	\$35
Toenail debridement (new patient)	\$65
Injection	\$60
Ingrown Toenail Removal, Permanent	\$300
Ingrown Toenail Removal, Temporary	\$150
Wart Removal	\$300
Wound debridement (ulceration)	\$50
Air Cast Boot (CAM Boot)	\$95
Surgical Shoe	\$20
Ankle Support/Plantar Fascia Splint	\$65
Fiberglass Cast/Splint	\$90

I have read, understand and agree with the financial policy of this practice.

Patient signature: _____
(If minor, guardian signature required)

Date _____

Witness: _____