

Lake Ridge Foot & Ankle Center

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Stafford Foot & Ankle Center

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BOARD CERTIFIED, AMERICAN BOARD OF PODIATRIC SURGERY
FELLOWS, AMERICAN COLLEGE FOOT AND ANKLE SURGEONS

OUR FINANCIAL POLICY

We would like to welcome you into our health practice. We strive to provide quality care for our patients in a pleasant, comfortable atmosphere. Please understand that payment of your bill is considered part of your treatment.

If you are covered by health insurance, we will gladly submit the necessary forms to your insurance company since our office is equipped with computerized billing. From our experience we have found that few insurance plans cover the complete cost involved. Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims or accept responsibility of negotiating your claim.

You will be required to pay your co-insurance payment and any deductible in full after each visit. Should an overpayment occur, a refund will be issued at the end of each calendar month. If you have a secondary insurance we can provide you with a copy of your bill for you to submit to them for reimbursement.

We accept cash, checks, Visa, MasterCard, and Discover credit cards as payment. Monthly billing statements will be sent to you to inform you of your account status and any outstanding charges. Payment is due in full at the time you receive this statement. Returned check fees will be \$25.00.

If an account is overdue or unpaid after 60 days, it will be turned over to collections. Fees not collected by the agency will be turned over to a collection attorney, which may adversely affect your credit status. Attorney's fees, in the amount of one third of the amount due, court costs and all fees involved with the collections process are additional and the sole responsibility of the patient.

We ask that you help us keep the cost of your health care down by paying promptly. If you have any questions regarding our policy, please do not hesitate to discuss it with us. Your cooperation is deeply appreciated. Thank you.

I have read and understand this policy.

Signature of Responsible party

Date