

# DURABLE MEDICAL GOODS RETURN POLICY

Lake Ridge Foot and Ankle Center  
1721 Financial Loop  
Lake Ridge, VA 22192

Stafford Foot and Ankle Center  
945 Garrisonville Road  
Stafford, VA 22556

PATIENTS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

I, \_\_\_\_\_, understand the only products I am able to return are those that are prepackaged and unopened. Any other product that I purchase and try on a temporary basis is non-refundable.

## List of Products:

Ankle Braces  
Removable Cast Boots (Hi-Top and Low-Top)  
Cast Shoes  
Coflex/Coban  
Shower Bags  
Callus Remover  
Toe Caps  
Hammertoe Corrective Devices

Night Splints  
Post-operative Shoes  
Alimed Supports  
Ace Wraps  
Bandage Packs  
Bunion Splints  
Corn Pads  
Silicon Sheeting

## Special Order Items:

Diabetic Footwear  
-Special Shoes/Boots  
-Plastizote Inserts  
-Chukka Boots  
Post-Operative Shoes  
-Hi-top post-op shoes  
-Wedge post-op shoes  
Orthotics  
Birkenstocks

## Medications/Cremes:

Gormel Creme  
Vitamin E Creme  
Formadon  
Sorbidan Hydrate Crème  
Biofreeze

Unlisted Product: \_\_\_\_\_

Patient or Guardian Signature: \_\_\_\_\_

# 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 \$50.00.

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 you 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.

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Signature of Responsible party

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Date