

ASSOCIATED PODIATRY OF CENTRAL VIRGINIA - DR. SCOT ZINDEL

PAYMENT POLICY

Thank you for choosing Associated Podiatry of Central Virginia as your foot care provider. We are committed to providing you with quality and affordable health care. Please read the following office payment policy. Once you accept this policy, kindly sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans, including Medicare. **WE DO NOT ACCEPT MEDICAID.** If you are not insured by a plan, we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with, but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is YOUR responsibility. Please contact your insurance company with any questions you may have regarding your coverage. We must obtain a copy of current insurance card to provide proof of insurance
- 2. Co-payments & deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. We accept cash, credit cards and checks.
- 3. Non-covered services.** Please be aware that some and perhaps all the services you receive may be uncovered or not considered reasonable or necessary by Medicare or other insurances. You must pay for these services in full at the time of visit.
- 4. Referral.** If required, obtaining the proper referral from your primary care physician is your responsibility. Patients presenting to our office without a valid referral will be asked to pay in full.
- 5. Claims.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance benefit is a contract between you and your insurance company. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
- 6. Nonpayment.** Invoices are sent out every 30 days. Your prompt payment will assist us in keeping the cost of healthcare down. A \$10.00 rebilling fee will be charged for each additional invoice sent out after 30 days. Partial payments will not be accepted unless otherwise approved by our billing department. Please be aware that if a balance remains unpaid, we may refer your account to The Creditors Service. In the event your account is placed in collection, you will be responsible for any fees that may be necessary for recovery of the outstanding balance.
- 7. Missed appointments.** Our policy is to charge \$50.00 for missed appointment not cancelled within 24 hours for an understandable reason. These charges will be your responsibility and directly billed to you.
- 8. Forms & documents.** It is our policy to charge \$15.00 for completion of all forms such as disability applications, etc.

I have read and understand the payment policy and agree to abide by its guidelines.

Signature of patient or responsible party

Date