

# PATIENT FINANCIAL POLICY

Thank you for choosing Dr. Kriger as your foot care provider. The office is committed to providing you with quality and affordable health care. Please read the following office payment policy and feel free to ask us any questions you may have. Once you accept this policy, kindly sign in the space provided. Your signed copy will be provided to you.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we participate with, or do not have an up-to-date insurance carrier, payment in full is required until your insurance can be verified. **Knowledge of your insurance benefits is your responsibility.** Please contact your company with any questions you may have regarding your coverage.
2. **Proof of insurance.** All patients must complete the patient information forms before seeing the doctor. We must obtain a copy of your current insurance card and a valid photo i.d. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim. You must inform the office of all insurance changes and authorization/referral requirements. In the event the office is not informed, you will be responsible for any charges denied. Patients presenting to our office without a valid referral, when required by their insurer, will be asked to pay in full at the time of service.
3. **Co-payments and 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.
4. **Non-covered services.** Please be aware that some, and perhaps all, of the services you receive may not be covered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of the visit.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help you get your claims paid. All health plans are not the same and do not cover the same services. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. **Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim.** Your insurance benefit is a contract between you and your insurance company. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.

**OVER PLEASE**

6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make appropriate changes to help you receive the maximum benefits.
7. **Non-payment.** Statements 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 invoices 30+ days past due, 60+ days will be charged \$20.00; 90+ days past due will be charged \$30.00 and considered for collections. Interest on your unpaid balance may be charged an additional 1.5% per month. **Partial payments will not be accepted unless otherwise approved by our billing department.** Payment plans are available; please contact the office as soon as your statement arrives in order to set up a plan and avoid rebilling fees. If your balance remains unpaid, your account may be turned over to a collections agency or to a law firm and you may be discharged from this practice. An additional 40% will be added to your statement to cover collections fees. Attorneys fees and court fees shall be your responsibility in addition to the balance due.
8. **Forms and documents.** It is our policy to charge a \$15.00 fee for completion of all forms, such as disability applications, handicap stickers, detailed receipts for flex accounts and health savings accounts. No forms will be processed if a patient has an outstanding balance. Returned checks will incur a \$45.00 service fee; no further checks will be accepted. If you fail to redeem a returned check, you may be liable for additional penalties and attorneys fees. To cover the cost of copying and handling medical records, the fee is \$10.00 plus \$0.50 per page and \$10.00 for copying X-rays.
9. **Cancellation Policy.** It is important for patients to keep their scheduled appointments. If it is necessary to cancel or change an appointment, the office needs to be notified a minimum of 24 hours in advance; Monday appointments need to be cancelled by noon the previous Friday. No-show, or late cancellations will be charged a \$35.00 fee.

Thank you for understanding our payment policy. Please feel free to discuss any questions or concerns you may have.

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

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Signature of patient or responsible party

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Date

*Updated 01/18/18*