

NW FOOT CLINIC, P.C. David S. Chung, D.P.M.
FINANCIAL POLICY

FINANCIAL AGREEMENT

Patient Name: _____

IF YOU HAVE MEDICAL INSURANCE:

We will file all claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the patient information form is accurate and current. If there is a change in insurance information please let us know immediately. We will submit to secondary insurance as long as we are given the correct information.

ANY changes to your account i.e. name, address, telephone number, or insurance information should be reported as soon as possible.

If we do not receive the correct insurance information (i.e.: policy holder, policy number, coverage benefits, coverage termination dates) from you and the claim is denied, you will be responsible for that payment.

AUTHORIZATIONS:

A copy of your insurance card is required at the time of the initial service. The card is descriptive and indicates whether an authorization is needed. **If a copy of the card is not on the file at the initial service and the claim is denied for “no authorization,” you will be responsible for the payment.**

PROVIDER COVERAGE:

We are not responsible for ensuring that NW Foot Clinic and its services are covered under your particular plan provision. Each insurance company has multiple plans. Please contact your insurance company to verify that services provided by NW Foot Clinic, is appropriately covered.

It is ultimately your responsibility to verify coverage for your particular plan. If the insurance company denies the claim for a plan provision, you will be responsible for the balance.

If there is a pre-authorization required it is YOUR responsibility to obtain one before your visit. If you do not obtain the referral prior to your visit, you are responsible for the charges.

Medical insurance coverage is a contract between you and your insurance company.

WE ARE NOT a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, “usual and customary” charges, etc., other than to supply factual information as necessary. **You are ultimately responsible for the timely payment of your account.**

OUT OF POCKET PAYERS:

If you do not have insurance, you will be required to make a down payment to establish credit with us. This down payment does not need to be payment in full for services. If your services are greater than or lesser than the down payment, we may bill or refund you. A written financial agreement may also be required depending on the services provided.

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PAYMENT METHODS AND OTHER INFORMATION:

- Co-payments are constant and due at the time the service is rendered.
- We accept cash, check and VISA or MasterCard.
- Accounts can be set up on payment plans if necessary at no additional cost.
- Accounts that are past due will be turned over to our collection agency and reported to the Credit Bureau. A collection agency fee of 35% will be added to any account turned over to collections.
- **ALL NO-SHOWS will be billed \$25 automatically.** (We require 24-hour notice in advance to avoid charges.)

We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of our Financial Policy is important to our relationship. Please ask if you have any questions about our fees, Financial Policy, or your financial responsibility.

I acknowledge that I have read and agree to the above Financial Policy.

Signature: _____

Date: _____