



Advanced Regional Center for Ankle and Foot Care Financial Policy

Thank you for choosing Advanced Regional Center for Ankle and Foot Care as your healthcare provider. We are committed to your treatment being successful and we appreciate your trust in us. Please understand that payment of your bill is considered part of your treatment. We find that communication with our patients regarding our policies assists us in providing the best service possible. The following is our Financial Policy, which we require you to read and agree to prior to your treatment.

Insurance

We participate in most insurance plans. As a courtesy to you, this office will file claims for all visits and procedures. When we file a claim on your behalf, it is with the understanding that the benefits are assigned to Advanced Regional Center for Ankle and Foot Care. If you are **not** insured by a plan that we participate with, payment in full is expected at each visit. Please remember that insurance coverage is a contract between you and your insurance company. **Knowing your insurance benefits is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage.

Medicare

We are a participating Medicare provider. Medicare as well as your secondary insurance (if any) will be billed for you. However, that does not mean that all services are covered. Patients are responsible for paying their annual unmet deductible. You are also responsible for any co-insurance, which is usually 20% of the allowed amount for an item or service.

Patient Billing

ALL co-payments, co-insurances or deductible amounts must be paid AT THE TIME OF SERVICE. If a balance is due after receiving the explanation of benefits from your insurance company, you will be sent notices regarding your outstanding balance. If payment is not made in full within 14 days of the first notice, a \$12 late fee charge will be added to your account. If the balance remains unpaid after 60 days your account will be forwarded to a collection agency. Please notify the billing office if you are unable to pay your bill in full. Special payment arrangements may be available. We accept the following payment methods: Cash, Check, VISA/MasterCard/Discover, or Care Credit. An additional \$40.00 will be added to your statement if the check is returned for insufficient funds. In the event that your insurance company sends payment directly to you, it must be immediately forwarded to our office to be applied to your balance. If there is an outstanding balance on your account at your next appointment, payment will be collected at check in prior to any additional treatment.

Secondary Insurance

Your medical claim will be forwarded to your secondary insurance (if any) after payment and/or the explanation of benefits (EOB) is received from your primary insurance company.

Co-payments and Deductibles

All co-payments, co-insurances and deductibles **must** be paid at the time of service. Medicare and other insurance companies consider the failure on our part to collect co-payments and deductibles from patient as fraud. Please help us in upholding the law by paying your portion of insurance benefits at each visit.

Self-Pay

Payment in full is due at the time of service if you do not have health insurance unless prior payment arrangements were made through our billing office. Payment options include Easy Pay, Care Credit, etc.

Referrals/Authorizations

We are required to follow the guidelines of your managed care plan which mandates that you must have a referral from your primary care physician prior to seeking specialty care. If you do not have a referral from your primary care physician at the time of the visit, you will be financially responsible for all services received due in full at the time of service. Full credit will be given if a referral is presented to our office within 48 hours of this visit. You will also be given the option to reschedule your appointment to obtain the referral.

GETTING PEOPLE BACK ON THEIR FEET SINCE 1983



Advanced Regional Center *for* Ankle and Foot Care

(814) 943-3668

711 Logan Boulevard, Altoona, PA 16602

PaFootCare.com

Non-Covered Services

Medicare or your health insurance company may determine that your visit with our doctors is not “medically necessary”, and may deny payment for our services. If this happens, it is your responsibility to pay for our services. We will make every effort to inform you what services may not be covered by your health insurance plan, but you will still be responsible for the all balances.

Claim Submission

We will submit your claim to your insurance company. However, your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Any unpaid balance not covered by your insurance is your responsibility.

Copy Fee

We will provide copies of patient records at the patient's request. Copies of records may be subject to a per page fee.

Forms Fee

Forms including FMLA, Disability, etc. take 3-5 business days to be processed. The following fees will be charged for forms: 1-2 pages \$5, 2-4 pages \$10, more than 4 pages \$20.

Scheduled Appointments

Our automated system will contact you to confirm your appointment two days prior to the appointment. If you do not receive this courtesy reminder, please call us to confirm your appointment one day prior to your appointment.

Canceled/Missed Appointment Fee

If you cannot keep your appointment time, please call our office at least 24 hours prior to your scheduled appointment time. If you fail to give us notice of your missed appointment, you will be responsible for a \$25 missed appointment fee. This charge is not covered by insurance company and will be your responsibility. If you arrive late for your appointment, we may need to reschedule your appointment in fairness to other scheduled patients. Repeated missed or late appointments may result in dismissal from our practice.

Surgeries

When a surgical procedure is scheduled, we will give you an estimate of the amount you may be responsible to pay. This amount will be collected prior to the procedure being performed unless payment arrangements are made. Additional payments or refunds may be required after the insurance has processed your claim. Your insurance company will issue an EOB, explanation of benefits, indicating the responsible amount.

Surgery Cancellation

Surgical procedures need to be canceled at least three(3) days in advance. Failure to do so may result in a \$50 charge to your account.

Non-Custom Durable Medical Equipment Returns

If a patient is unsatisfied with any non-custom Durable Medical Equipment item, it must be returned within 30 days per Medicare guidelines. Returns after 30 days will not be permitted. The item will only be accepted as a return if it is in returnable condition. Any custom durable medical equipment item may not be returned for any reason.

Minor Patients

The parent or guardian accompanying a minor will be financially responsible for payment of services. For unaccompanied minors, non-emergency treatment will be denied unless prior authorization from the parent or guardian for the treatment rendered have been made. Young adults (age 18 and over) are legally responsible for their account unless a parent accompanies them to the initial appointment and signs this financial agreement regardless of insurance coverage.

GETTING PEOPLE BACK ON THEIR FEET SINCE 1983

Altoona
(814) 943-3668

Ebensburg
(814) 472-4303

State College
(814) 231-1566

Huntingdon
(814) 644-6610

Tyrone
(814) 684-0410



Advanced Regional Center *for* Ankle and Foot Care

(814) 943-3668

711 Logan Boulevard, Altoona, PA 16602

PaFootCare.com

Assignment of Benefits

*I, the undersigned, certify that I (or my dependent) have insurance coverage as presented and assign directly to Advanced Regional Center for Ankle and Foot Care all insurance benefits payable to me for services rendered. I understand that I am responsible for payment of deductibles, co-payments, co-insurances and/or non-covered services and other fees at the time of service. I hereby authorize Advanced Regional Center for Ankle and Foot Care to release all information necessary to secure payment of benefits. I authorize **RELEASE OF MEDICAL INFORMATION** to my insurance carrier or requested physician to provide continuity of care. I authorize the use of this signature on all insurance submissions. I understand that it is my responsibility to inform Advanced Regional Center for Ankle and Foot Care if there is a change in my health insurance information.*

Print Patient Name: _____ Signature: _____ Date: _____

FINANCIALLY RESPONSIBLE PARTY:

Print Name: _____ Signature: _____ Date: _____

Relationship to Patient: _____

GETTING PEOPLE BACK ON THEIR FEET SINCE 1983

Altoona
(814) 943-3668

Ebensburg
(814) 472-4303

State College
(814) 231-1566

Huntingdon
(814) 644-6610

Tyrone
(814) 684-0410