



## Financial Policy

**Thank you for choosing Northstate Foot & Ankle Specialists (NFAS) as your health care provider. Please read the following carefully and completely:**

We are happy to bill your insurance company directly, however we must have a copy of your current insurance card on file. If you do not have your insurance card with you, full payment is due at the time of service. We accept payment by Cash, Check, Cash, Visa, MasterCard, American Express and Discover. All patients must complete our Patient Registration Form and all other related forms. PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.

Medical Records & X-ray copies are available to you with 5 business days' notice, for a nominal fee.

**Self-Pay:** We expect payment at the time of service unless prior arrangements have been made and offer a discount for services paid in full at the time of your appointment. We also offer a payment plan option; please contact our billing office to make arrangements.

**Insurance:** ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. We are members of most, but not all insurance plans. You are responsible for verifying that we are providers for your plan. Medicare patients will be advised of any non-covered charge prior to the service being provided. If you are an HMO member, you are responsible to ensure we have the required referrals prior to your appointment. Please note: You must have your referral at the time of the visit or your plan requires that we ask you to reschedule. PPO patients will only be responsible for their deductible, co-payments and co-insurance, as long as they have verified with their insurance that our physician is in their plan.

**Workers' Compensation:** \*WE DO NOT TREAT WORKER'S COMPENSATION INJURIES\* Please alert our front desk if you are here for a work-related injury. You should seek direction from your employer to see a provider in your carrier's network.

**Hospital and Surgery Center Charges:** In the event that you undergo surgery in a hospital or ambulatory surgery center, a separate charge will be made by that facility. Your podiatric physician at NFAS may have a financial interest in a surgery center where you will be having your surgery.

**MRI Charges:** The MRI located at this facility is owned by NFAS. If your podiatric physician orders an MRI you have the right to choose another facility to perform your MRI.

**Physical Therapy:** NFAS provides on-site physical therapy for your convenience. The physical therapists are employees of NFAS and the services rendered are treated as income to the practice. If your podiatric physician orders physical therapy, you have the right to seek that care at another facility.



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**Financial Agreement:** I understand that I am financially responsible for all charges not covered by insurance and I guarantee the balance to be paid by my credit card, check or cash. Past due balances may be subject to additional fees and referred to a collection agency. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determinations of Usual & Customary Rates for the area.

### *Acknowledgement*

By signing below, I acknowledge that I have read and understand the above and that I am responsible for all charges incurred by me, regardless of my insurance coverage.

\_\_\_\_\_  
Patient / Guardian – Print Name

\_\_\_\_\_  
Patient / Guardian – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient / Legal Guardian – Print Name

\_\_\_\_\_  
Patient / Legal Guardian – Signature

\_\_\_\_\_  
Date