

N.E. WISCONSIN FOOT & ANKLE ASSOCIATES

FINANCIAL POLICY

All patients must complete our Information and Insurance Form before seeing the doctor.

CO-PAYS are due at time of service or we reserve the right to reschedule the appointment for another time. We accept cash, checks, M/C, Visa and Discover.

THERE WILL BE A \$25.00 FEE ASSESSED TO ALL NSF CHECKS. NO EXCEPTIONS!

If you have insurance and you provide us with the necessary information, we will file your claim.

INSURANCE – Patients need to abide by the rules of their plan regarding referrals, co-pays, and pre-certifications. Some patients must obtain a referral from their primary care physician prior to being seen by our physician. A referral is required even in cases involving liability and/or workers compensation.

Workers Compensation and Disability – Claims will be filed on your behalf at no charge for the first submission, as long as complete and accurate information is provided to us. Claims that are denied or disputed are your responsibility and our credit terms will then apply. If additional claims need to be filed, a **\$5.00 filing fee** will be charged for additional submissions. We advise you to keep in contact with your insurance carrier and your employer regarding your claims and your injury.

Minor Patients –

The adult accompanying a minor or the parents (or guardians of the minor) are responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless prior authorization and completion of patient medical history and insurance responsibility information has been provided.

Missed appointments –

Unless cancelled 24 hours in advance, **our policy is to charge for missed appointments at the rate of \$40.00.** Please help us serve you better by keeping scheduled appointments.

Durable Medical Equipment –

Over-the-counter DME will not be billed to the insurance company. **Payment for over-the-counter DME are due at time of service. There are NO REFUNDS on any durable medical equipment. No exceptions!**

Terms of Credit

- Balance after insurance pays must be paid in full within 90 days or a late fee will be applied to the account monthly until paid in full. If you are not able to meet this expectation, you will need to contact our patient account specialist.
- Co-pays, co-insurance and deductibles are your responsibility. You are also responsible for amounts not covered by your insurance company. Non-covered services should be paid upon receipt of your statement from our office.
- Patients who do not comply with our expectations and do not make arrangements with a patient account specialist will be put on a **“cash only”** basis for all future appointments.
- Accounts with no payment activity will be turned over to a collection agency.
- Patients who are cast for orthotics are required to make a **\$175.00** deposit in order to pick them up from the office unless other arrangements have been made. If an overpayment occurs on your account, a refund will be issued to the appropriate party.

I have read the Financial Policy and understand and agree to its terms and conditions.

X _____ Date _____

TIMOTHY K. TOUGAS, DPM

Revised: 06/14/05