FINANCIAL POLICY AND PATIENT AGREEMENT

The following is the Financial Policy for Richard D Wolff, DPM. We are committed to giving you the best care possible. We expect, in return, that you have the same commitment to your medical and financial responsibility to us.

CUSTOMER SERVICE: If you need assistance with insurance or referral problems, or wish to discuss your account and/or set up financial arrangement, contact our billing department. We accept cash, checks or credit cards(Visa or MasterCard) as payment. **There will be a 20.00 service charge on any returned checks.**

APPOINTMENTS: Even if you are an established patient with us, it is advisable to arrive 5-10 minutes before your scheduled appointment time for updating your records and/or paying your co-payment. We understand that emergencies arise necessitating changing your appointment date and/or time.

WORKER'S COMP: We need the name of your Comp carrier, their address, your claim number and the name and phone number of any contact person. If that information is unavailable on your first visit **you are responsible for the bill until that information has been given to us.**

SELF PAY: Payment is required at time of service.

MOTOR VEHICLE ACCIDENT: **We have 30 days to file our claim with your insurance carrier and must have that billing information.**

MEDICAID: A copy of your CURRENT card is required before services can be provided. If this is not available, the appointment will be rescheduled.

INSURANCE BENEFITS: If we have an agreement with your insurance carrier, we will receive direct payment for covered services. Co-payments are due at the time of service. deductible and co-insurance amounts applied to the claim will be due from you. Services not covered or deemed not medically necessary by your plan will be billed to you.

INDEMNITY-TYPE INSURANCE: Your insurance may or may not agree with the UCR(usual, customary and reasonable) changes for our local area. Your benefit plan may not cover all services or may even deny payment for services. Should there remain a balance on your account for any reason after your insurance has been processed, you will be responsible for payment.

BILLING: We will file your primary and supplemental insurance for you if you provide us with the billing information and a copy of the insurance card(s). If you have insurance, we will allow 60 days for them to respond to the bill. If they have not responded in that time frame, we ask that you begin making payments on your account while you resolve the billing problems with your insurance company.

NON-PAYMENT: If your account becomes delinquent, it may be forwarded to an outside collection agency an Administrative fee of $20.00 is applied at that time. If this happens, you will be responsible for all costs of collection, including, but not limited to, interest, re-filing fees, court costs, attorney fees and collection agency costs. Insurance benefits are a matter between you and your insurance company. You are ultimately responsible for payment on your account.

OVER PAYMENT/REFUND POLICY: Accounts with a credit balances/over payments either due to the patient or insurance carrier will be researched and analyzed promptly. It is our policy to refund any over payment to all patients and insurance carrier with in 60

day period.

COPIES OF RECORDS: If you will be needing copies of your records, complete a release form, allowing enough time so that the records can be done for you. The first set is free.
DISABILITY FORMS: There is a $20.00 charge for completion of each of the first disability forms and a $10.00 charge for subsequent forms. If you need a letter written by the physician, please allow 5-7 days for completion.

PRESCRIPTIONS: Please give our office at least 72 hours notice if you need a refill on your prescription during the work week. Every effort will be made to call in the prescription as soon as possible but please be aware it may not be done the same day.

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Patient Name (please print)

____ ____________________
Patient Signature Date

____ ____________________
Witness Date