

Financial Policy for  NOLA Sole
PODIATRY

Thank you for choosing our office as part of your health care team. In our effort to provide personalized care in the most efficient and economical manner possible, we are providing to all our patient this copy of our Financial Policy. We ask that you take a few moments to read our Financial Policy and sign below.

Insurance Coverage

- Your insurance policy is a contract that exists between you and your insurance company. Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number provided on the back of your insurance card.
- New insurance companies are continually forming and existing insurance companies are rapidly changing. It is the responsibility to know the specifics of your policy (referral requirements, in and out of network physicians and facilities, etc.). Most policies now have deductibles, copayments, coinsurances, maximums and limitations (out of pocket expenses). If your annual out of pocket expenses have not been met, you will be required to pay a \$125 deposit at the time of your visit. This will be applied to your account and a statement will be sent reflecting any additional monies owed following response from your insurance carrier.
- We rely on you to inform us of all insurances in effect and to notify the office immediately of any changes with your insurance. ***If you do not inform us of changes, you will be responsible for the services rendered.*** When multiple policies exist, it is the patient 's responsibility to inform us which policy is the primary plan. ***If we are not provided ALL insurance information at the time of service, you will be responsible for paying Robertson Foot and Ankle, LLC directly and then submitting for reimbursement from your insurance company.***

Appointment Charges

- All charges are the responsibility of the patient. We will bill your insurance company, but any services not covered are the patient's responsibility. If you have no insurance, you are responsible for all services rendered. Co-pays will be collected at the time of the appointment (as required by insurance companies). For new patients, we will make every attempt to contact your insurance company to determine your office visit copayment, if any. Existing patients should notify us of any changes related to copayment amount right away.
- Costs can vary, depending on the type of insurance coverage you have and the treatment for your particular condition(s). Cost/payment by your insurance company cannot be guaranteed by our staff. If you have any concerns, we advise you to contact your insurance company.
- If you miss an appointment, or cancel an appointment less than 24 hours of the appointment time, you may be assessed a \$25 fee, as we have reserved that time slot for you. Missed appointment fees are the responsibility of the patient.
- A \$25 fee will be assessed on all returned checks.
- Balances/Collection Fees: If balances are not received within 30 days from the postmark date of a mailed statement, a \$12 rebilling fee will be added to each additional statement sent due to the unpaid balance. Past due accounts, more than 90 days, will be turned over to our collection agency and a \$35 administrative fee will be added to the account balance.

I have read and understand the Financial Policy of Robertson Foot and Ankle, LLC.

Patient's Name (print) _____ Date of Birth: _____

Patient's s/Guardian's Signature: _____ Date: _____