

FINANCIAL POLICY OF CAROLINA FOOT CARE, LLC

Please read all information and acknowledge by signing below.

1. We ask that you present your insurance card and picture ID at the time of your initial visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have a change of name, address and/or telephone number, please notify the receptionist.
3. We will collect your estimated deductible, co-payment, coinsurance, and/or non-covered services/supplies at the time of service. Each year, you will be expected to pay the allowed amount until your deductible is met. If you have a balance after your insurance(s) have paid, you will be expected to pay that amount. If your insurance denies all or part of our charge, you will be billed for that amount.
4. Patients with no insurance are expected to pay in full at the time of service.
5. We are participating providers with most major insurance companies, and will bill accordingly for all covered charges. If you have a secondary insurance (excluding Medicaid), we will file your secondary insurance. Carolina Foot Care does NOT file more than two insurance companies.
6. Carolina Foot Care does NOT participate with Medicaid. Any patient having Medicaid will be expected to pay in full at time of service.
7. You are expected to pay your balance in full within 30 days or call our billing department to establish a payment plan. Financing is available to qualifying patients through Care Credit. If you do not pay in a timely manner, your account may be referred to a collection agency and/or reported to the Credit Bureau. If you have been turned over to a collection agency and/or have a bad debt on your account, you must pay that amount in full before being seen.
8. We accept Cash, Check, Visa, Master Card and Discover. There is a \$35 returned check fee.
9. When an appointment is scheduled, time is specially allocated for you. We understand that there may be times when you are unable to keep an appointment, but ask the courtesy of a phone call to cancel your appointment. We prefer a 24 hour notice of cancellation. Carolina Foot Care reserves the right to charge a \$25.00 fee for missed appointments.
10. **Surgery Patients:** As a courtesy, we will verify benefits before surgery. You will be responsible for your deductible, co-payment, coinsurance, and/or any outstanding balance on the day of your surgical consult.
11. **Orthotics:** As a courtesy, we will verify benefits for Orthotics. You will be responsible for your deductible, co-payment, coinsurance, on the day of your casting.

If you have questions regarding our financial policy, please contact our office at (864) 595-9300.

I have read the above and have a full understanding of the financial policy of Carolina Foot Care, LLC. I understand that it is of courtesy that Carolina Foot Care is filing my insurance and that any charges or money incurred are only estimated and whether or not my insurance pays I will be responsible for the balance.

Patient/Parent/Guardian Signature

Relationship if other than patient

Date