

FINANCIAL POLICY OF CAROLINA FOOT CARE, LLC

Please read all information and acknowledge by signing below.

- We ask that you present your insurance card(s) 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.
- If you have a change of name, address and/or telephone number, please notify the receptionist.
- Some plans require prior authorization from your Primary Care Provider in order for our physician(s) to see you. While we make every effort to obtain this prior to your visit, if we do not have this authorization, you may be asked to reschedule. It is ultimately the member's/patient's responsibility to ensure that this authorization is received and current.
- We will collect your deductible, co-payment, coinsurance, and/or non-covered services/supplies at the time of service. 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.
- Patients with no insurance are expected to pay in full at the time of service.
- We do not file Tertiary Insurance, Worker's Compensation or School Insurance. We will be happy to provide you with the necessary information so you may file a claim, should you have these types of insurance.
- You are expected to pay your balance in full within 30 days or call our billing department to establish a payment agreement. We will provide three consecutive monthly notices with any balance owed. Once our attempts at collections are exhausted, the patient's account may be placed with a collection agency and/or reported to the Credit Bureau(s). If you have been turned over to a collection agency, have a bad debt, and/or a past due balance on your account, you must pay that amount in full before being seen.
- We are not contracted with Medicaid, therefore we do not accept patients with Medicaid.
- There is a \$30 returned check fee.
- 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.
- **Surgery Patients:** 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.
- **Orthotics:** 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 manager 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 whether or not I have insurance, I am ultimately responsible for payment of charges.

Patient/Parent/Guardian Signature	Relationship if other than patient	Date
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