

## PODIATRY ASSOCIATES OF VICTORIA, P.A. PATIENT PAYMENT POLICY

Thank you for choosing our practice. We are committed to the success of your medical treatment and care. Please understand that payment of your bills is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information regarding these policies, please ask to speak with our billing department.

**How May I Pay?** We accept payment by Cash, Check, Care Credit, Credit or Debit Cards (Visa, MasterCard, American Express & Discover).

**Do I Need a Referral?** If you have a plan with which we are contracted, you **may** need a referral authorization from your primary care physician. If we have not received this needed authorization by the time you present for care, you may contact your primary physician to obtain it. If you are unable to get the referral, your appointment will be rescheduled.

**What is My Financial Responsibility for Services?** Your financial responsibility depends on a variety of factors explained below....

**Non-cancellation fee of \$35.00 applies if appointment is not canceled or rescheduled within 24 hours of appointment.**

### Office Visit and Office Services

If You Have...	You Are Responsible for...	Our Staff Will...
Commercial Insurance also known as indemnity, "regular" insurance, or 80/20% coverage...	Payment of the patient responsibility for all office visit, radiology, injection & other charges are payable at time of service.	Call your insurance company for benefits: (i.e. co-pays, deductible & non-covered services)  File a claim on your behalf.
PPO plans we are contracted with...	<u>If the service you receive is covered by the plan:</u> All applicable co-pays & deductibles are requested at the time of service.  <u>If the services you receive are not covered by plan:</u> Payment due in full at time of service.	Call your insurance company for benefits: (i.e. co-pays, deductible & non-covered services)  File a claim on your behalf.
HMO's Only Dr. B. Garcia, Dr. T. Trevino Accepts...	<u>Getting primary Dr. referral/authorization</u> , if not received patient is responsible for full amount.  Payment due in full at time of service.	Call your insurance company for benefits: (i.e. co-pays, deductible & non-covered services)  File a claim on your behalf.
Medicare	If you have Regular Medicare without secondary coverage & you <u>have not met your annual deductible</u> , we ask for payment at time of service as well as any non-covered services.  If deductible has been met, your 20% as well as any non-covered services are due at time of service.	File a claim on your behalf as well as any claims to your secondary insurance.

If You Have...	You Are Responsible for...	Our Staff Will...
Champus	Payment due in full at time of service.	File a claim on your behalf.
No Insurance	Payment due in full at time of service.	Payment plan will be discussed if needed.
Insurance paperwork, such as short or long term disability, family and medical leave act, return to work, Medical records, etc.	Payment of \$25.00 per form prior to the physician completing any paperwork	Complete your paperwork within 72 hours. If surgery needed, paperwork will be completed after surgery.
<b><u>NOT ACCEPTED</u></b> Worker's Compensation Vehicle Accident/Injury	We do not accept "Letters of Protection" We do not accept liability insurance as payment.	

**What if My Minor Child Needs to See the Physician?** A parent of legal guardian must accompany a minor patient (ages 18 yrs. and younger) on all visits. As a legal signature is needed for permission to treat and file insurance claims, the parent/legal guardian must be present to sign forms and give permission for treatment.

**Surgery:** If your physician recommends surgery, our Surgical Coordinator will assist you in setting up a date & place of surgery. She will answer specific questions about the surgery scheduling process and discuss the paperwork and tests involved prior to surgery.

She will then provide this information to our Insurance Department who will call your insurance to obtain benefits. There may be a pre-surgical payment required prior to your surgery, the amount of which depends on your coverage, deductible and/or co-insurance amounts. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan will be explained. (Explanation of benefits from the insurance company will have final estimated amounts)

**DISCLAIMER:** We are not responsible for any incorrect insurance benefits given to us by your insurance company representatives. All of our out-of-pocket expense quotes are based on the information given to us by your insurance company.

Maureen L. Caldwell, DPM and Andrew J. Young, DPM are limited liability partners with Upright MRI and NIRP.

I have read, understood and agreed to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles are my responsibility.

I authorize my insurance benefits to be paid directly to Podiatry Associates of Victoria, P.A.

I authorize Podiatry Associates of Victoria, P.A. to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim.

I authorize to receive text communications from Podiatry Associates of Victoria, P.A.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Authorized Signature**

\_\_\_\_\_ **Printed Name**