

# Foot & Ankle Institute of Utah, LLC

## PATIENT FINANCIAL POLICY

Thank you for choosing Foot and Ankle Institute of Utah, LLC with Dr. Clark and Dr. Shumway as your health care provider(s). Dr. Clark and Dr. Shumway are committed to the successful treatment of our condition. Please understand that payment of your bill is considered part of your treatment. Should you have any questions regarding any aspect of your financial status with our office, please feel free to contact the billing department at (801) 255-8633, extension 104. Your clear understanding of our Financial Policy is important to our professional relationship.

WE ARE HAPPY TO BILL YOUR INSURANCE DIRECTLY; HOWEVER, WE MUST HAVE A COPY OF THE INSURANCE CARD.

IF YOU DO NOT HAVE YOUR INSURANCE CARD WITH YOU, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA, MASTERCARD, AND DISCOVER.

ALL PATIENTS MUST COMPLETE OUR "PATIENT REGISTRATION FORM AND OTHER RELATED FORMS. PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.

5 BUSINESS DAYS NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS OR X-RAYS AND THERE MAY BE A NOMINAL FEE.

### Self Pay

We expect payment at the time of service unless prior arrangements have been made.

### Medicare

We accept Medicare assignment. As a Medicare patient, you are responsible for the deductible, and co-insurance. We will bill supplemental insurance. A few services and supplies are not covered by Medicare. Dr. Clark, Dr. Shumway, or a staff member will advise you of any non-covered charges prior to the service being provided.

### HMO / PPO

ALL COPAYMENTS ARE DUE AT THE TIME OF SERVICE. IF YOU DO NOT KNOW YOUR CO-PAY, YOU MAY USE OUR PHONE TO CALL INSURANCE FOR THIS INFORMATION. Dr. Clark and Dr. Shumway is a member of most, but not all plans. YOU ARE RESPONSIBLE FOR VERIFYING THAT OUR PROVIDERS ARE ON YOUR PLAN. Please note: If your insurance requires a referral you must have your referral at the time of the visit or your plan requires that we ask you to reschedule.

Patients will only be responsible for their deductible, co-payments, and co-insurance, as long as they have verified with their insurance that our Providers are on their plan.

### Workers' Compensation

If you are here because of a work related injury, we will inquire information regarding both health insurance and your employer's Worker's Compensation insurance. Before seeing Dr. Clark or Dr. Shumway, a letter or statement is required from the Workers' Compensation carrier authorizing your treatment. The letter should include the claim number, address, adjuster's name and phone number. (Your employer's human resources office should be able to assist you with obtaining this information.) If payment is not received from these third parties within 90 days, we have the right(s) to bill you directly.

### Hospital and Surgery Center Charges

In the event that you undergo surgery in a hospital or ambulatory surgery center, a separate charge will be made by that facility. Dr. Clark may have a financial interest in a surgery center where you will be having your surgery.

### Financial Agreement

I understand that I am financially responsible for all charges not covered by insurance and I guarantee the balance to be paid by my credit card, check, or cash. In the event of default on this agreement, I agree to pay any and all reasonable and customary collections fees, including attorney fees and / or court fees. I understand that interest charges may be assessed at the rate of 1.5 percent per month, before and after judgment, on any amount past due. I am responsible for a \$25.00 fee on all returned checks. I understand that if I schedule surgery with Dr. Clark, or Dr. Shumway I am required to pay \$100 towards that surgery at the time of the pre-op exam. I am also aware that I will be required to pay monies toward any DME that is required for scheduled surgery.

### UCR (Usual and Customary Rates)

Dr. Clark and Dr. Shumway are committed to provide the best treatment possible for their patients and charge what is usual and customary for our area. If Dr. Clark or Dr. Shumway do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determinations of UCR rates.

I understand that the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment for all services. If payment is not received from the insurance carrier or other responsible party in 90 days, I will be billed directly and pay balance upon receipt of bill.

### Additional Fees

I understand that if I do not give a 24 hour notice for a cancellation, or do not show for a scheduled appointment I will be billed \$50.00. I also understand that if I do not pay my co-pay at the time of service there is an additional \$25.00 fee.

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date