

**FEITZ FOOT CLINIC, PA**  
**FINANCIAL POLICY**

***Thank you for choosing Feitz Foot Clinic as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment and is due at time of service. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.***

**All patients must complete our information and insurance form before seeing the Doctor.**

- PAYMENT OF YOUR PORTION NOT COVERED BY YOUR INSURANCE IS DUE AT TIME OF SERVICE
- WE DO NOT BALANCE BILL FOR PATIENT CO-PAYMENTS OR DEDUCTIBLES
- WE ACCEPT CASH, CHECKS, OR CREDIT/DEBIT CARDS

**It is our desire for you to be as well informed as possible of the cost associated with your treatment at our Facility.**

**Regarding Insurance:**

We may accept assignment of insurance benefits. When provided with your insurance cards and information, we will file your insurance as a **courtesy** to you. You are, however, responsible for 100% of the charges should your insurance deny or default in any way. At the time of your visit, we will require you to pay the percentage of co-payment or cost share according to your policy.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 60 days, the balance will be automatically transferred to you for payment.

Please be aware that some or perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medial insurance.

Regarding Insurance Plans where we are a participating provider. All co-pays and deductibles are due at the time of treatment. If you are unable to pay on the day of treatment, please inform us prior to receiving treatment.

**Regarding Collection Agency Policy:**

All accounts turned over to a collection agency due to non payment will be assessed a 35% fee. This amount will be added to your remaining balance due and will be collected by the agency.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Minor Patients:**

**Anybody under the age of 18 must be accompanied by parent or legal guardian.** The parent or legal guardian is responsible for the minor's bill.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. Please retain this copy for your records.