Da Vinci
FOOT & ANKLE

Patient Financial Responsibility

Every individual's group insurance policy is different. We do not file with all insurance companies, only those carriers with which we are contracted. We sometimes see patients for tests, procedures, and even visits that their insurance company will not cover. To help prevent these situations, please refer to the terms of your insurance policy, prior to making your appointment. Payment is due in full at the time of service, according to the terms of your insurance contract.

It's important to keep the following things in mind, regarding your specific insurance plan.

1. Does my policy require a co-payment or does it apply toward the deductible?
2. Do I need a *referral*, or *authorization* to see a specialist? **WE ARE CONSIDERED A SPECIALIST.**
3. Does my policy cover routine foot care, (including trimming of nails, corns and / or calluses) and what are their specific qualifications?
4. Over the counter products (and some medical supplies necessary for your treatment) may not be covered by your insurance company.
5. Which lab procedures can be done in our office or where do you need to be referred for laboratory procedures?

It is our desire to help you as much as possible with claims that are submitted to your insurance company. If procedures are done in the office that are deemed non-covered by your insurance company, you will be responsible for payment. We make every effort to verify podiatry benefits as a courtesy to our patients. If we are given incomplete or inaccurate information from you or your insurance company, we will not accept responsibility for this erroneous data. We encourage you to take the time to become familiar with your individual plan.

It is important that you know your coverage and check it annually for changes in benefits.

We are always here to help in any way we can and will be glad to work with you regarding any matters that may arise.

I authorize the release of all medical information necessary to process my insurance claim and is pertinent to my medical care. I assign all medical and / or surgical benefits including major medical benefits to which I am entitled, to the physicians at Da Vinci Foot and Ankle, LLC. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is to be considered as valid as the original.

I understand and agree that I will be responsible for any balances not covered by my insurance. Please be advised that all accounts more than 90 days past due will be sent to a third party agency for collection. All checks returned for insufficient funds shall be assessed a $45 NSF fee and the patient will no longer be permitted to submit checks for future payments.

I have read, understood and agree to the office policies stated above.

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Print Name

_____ _____

Signature of Responsible Party Date