

NOTIFICATION OF BILLING PROCEDURES

DEDUCTIBLE:

The deductible is the patient's responsibility. Insurance companies are contacted on day of visit to determine status of patient deductible. Payment may be due upon departure after reviewing insurance information. Insurance will be notified thereafter.

MEDICARE-Unauthorized/Unbillable Charges:

Medicare requires a minimum of 60 days between visits for **at risk patients** "routine foot/nail care". Note that your Medicare status may not qualify for routine trimming of nails/calluses. If the diagnosis changes (IE: fracture, trauma, infections, etc.) the visit may be billed under the new diagnosis. Any charges outside Medicare guidelines will be the responsibility of the patient.

NON-COVERED SERVICES:

Be aware that some insurance providers may decline payment for non-covered services or supplies; (IE: Post-Op Shoes, certain ankle braces, insoles, superfeet, heel cups, cast protectors, and orthotic devices). You will be notified if immediate payment is necessary upon purchasing any of these items. All supplies are non-refundable.

UNAUTHORIZED VISITS:

Some Insurance providers require prior authorization for office visit. (for example: HMO insurance, etc.). It is the patient's responsibility to obtain authorization before their office visit. If authorization is not obtained, the patient will be responsible for all costs incurred by their office visit on the day of service.

It has been explained to me that the procedures and services described above may not be covered by my insurance provider and claims may likely be denied. I agree to be personally responsible for payment of all charges for the services.

Patient(Guardian) Signature

_____/_____/_____
Date