

FINANCIAL POLICY

Your understanding of our financial policy is an essential element of your care and treatment. If you have any questions, please discuss them with our billing specialists.

Regarding insurance: Our office participates with Medicare, Medicaid and many commercial insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company in accordance with the guidelines of our provider contract. **Co-payments, co-insurance, deductibles, non-covered services and medical supplies are the responsibility of the patient or legal guardian and payment is required at the time of services for these.** You will be asked to pay for non-covered items and services the day of your visit. Workers' compensation and/or accident claims must be verified with your employer or the Third-Party insurance provider such as Workman's compensation insurance provider or Auto insurance company before your date of service. ***It is your responsibility to confirm with your insurance company to ensure that our facilities and physicians are in network with your insurance policy. It is also your responsibility to confirm what your policy benefits are for services provided.*** We do the best we can to assist you in this regard by running eligibility checks, however, these are not fail proof and it is ultimately your responsibility because it is ***your contract with your insurance.*** It is your responsibility to pay for any charges you incur that your insurance does not cover. Being seen by one of the providers in our office does not assume or confirm insurance benefits for services rendered. While we do the best we can to assist you in confirming that you are in-network with our clinic and to understand your policy, ***it is ultimately your responsibility to understand your policy as that is a contract between you and your insurer. You are responsible for all charges not covered by insurance, based on your contract with your insurer.*** If we are not in network and you would still like to be seen at one of our facilities, you will be considered self-pay. We will submit to your insurance only upon your request to see if you have out of network coverage, however, you must pay for the services up front. You will be credited back for any portion of your services that your insurance does cover. If payment at the time of service is difficult for you we do have Care Credit option that allows payments to be made. If this is something you would like to learn more about please speak to one of our team member.

Co-Pays: All co-payments are due at the time of service without exception. If you do not have your co-payment you will be asked to reschedule your appointment for a later date.

Financial Responsibility – Deductible Payment Policy: As requested by the patient all services will be billed to the patient's insurance and if...

- New patients who have not met their annual deductible are required to pay **\$150** (or what remains if less than \$150 remains) towards the deductible at the time of evaluation service ***in addition to their contracted co-pay obligation.*** *
- Existing patients who have not met their annual deductible will be required to pay \$75 towards the deductible at the time of evaluation service ***in addition to their contracted co-pay obligation.*** *

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- In Clinic Procedure Deductible Payment – If your treatment requires a procedure and the annual deductible has not been met you will be asked to pay **50% of the procedure cost** up to the amount of your remaining deductible on the day of the procedure. *
- Outpatient Procedure Deductible Payment – If you have not met your deductible *3 weeks prior* to your scheduled surgery you will be **required to pay up to 50% (or the remaining deductible, whichever is less) of the anticipated charges** from the surgeons at Foot & Ankle Center of Iowa. The payment will be due no later than 10 days prior to your surgery date. (This does not include any facility or anesthesia charges). *
- There is a separate deposit for surgical scheduling in order to hold your surgical spot. (See surgery scheduling deposit form.)

*We must use the information that is available to us at the time of service, or required payment time in the case of outpatient procedures, when determining your remaining deductible. We realize that payments may have been made that insurance has not processed yet, however, it is our policy to use the information that is available from your insurer at that time. If there is a credit to your account after your insurance has been processed (it typically takes 30-90 days for this), then the amount of overpayment will be refunded to you within 30 days of receipt of payment from your insurance.

Uninsured patients: If you are uninsured, our billing office will attempt to provide a free estimate of expected charges based on the anticipated services. We require all uninsured patients to provide a \$300 deposit prior to receiving services. This can be paid in cash, debit card or credit card. Final charges will be determined by your provider at the completion of your visit. If the charges are less than the deposit, you will receive an immediate refund. If the charges exceed \$300, payment is required at that time. If you are unable to make the full payment please discuss Care Credit with a member of our team.

Referral: You are responsible for obtaining any necessary referral if required by your insurance company. If a referral is not obtained and is necessary, you are responsible for full payment.

Fee Schedule:

- Returned check fee is \$40.00
- Paperwork fee/Chart request is: \$7 per date of service; \$50.00 for third-party request per visit.
- No show fee is \$40. This will be billed to the card on file if no call is received to cancel or reschedule your appointment by the time of your visit.
- FMLA/Short Term Disability Administration fee is \$40. We have up to 7 business days to complete this paperwork.

Patient or Guardian Signature	Printed Patient Name	Date
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CREDIT CARD

The Foot and Ankle Center of Iowa will require a credit card to be kept on file. All information will be kept confidential and secure. If any payment is due, we will send a bill to your address on file and you will have 30 days to make payment. If payment is not paid in a timely manner, the credit card on file will be charged with the outstanding balance. If the card does not process and the payment is not made, then finance charges will accrue on the outstanding balance per on interest policy. It us your responsibility to notify us of any address changes in a timely manner.

COLLECTION AUTHORIZATION

If your account balance is not paid in a timely fashion, your account will be suspended and sent to a Third-Party Collection Agency.

By signing below, I will be responsible for paying all Collection Agency Fees assessed by the Third-Party Collection Agency. I agree, in order for the Foot and Ankle Center of Iowa to service my account or collect any amount that I may owe, unless otherwise prohibited by applicable law, the Foot and Ankle Center of Iowa or a designated Third Party Collection Agency are authorized to (i) contact me by telephone at the telephone number(s) in the patron contact account information I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide any/or (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

By signing below, I acknowledge that I have read this disclosure, had the opportunity to ask questions on the policy and agree that the Foot and Ankle Center of Iowa or Third-Party Collection Agency may contact me as described above.

AUTHORIZATION TO TREAT

By signing below, I authorize treatment by the providers of the Foot and Ankle Center of Iowa including Paul Dayton, DPM and Mindi Dayton, DPM. I authorize the release of any information requested by insurance companies or liable third parties and assign any insurance benefits to the Foot and Ankle Center of Iowa. If the correct insurance information is not given and/or proper referral is not obtained, I understand that I patient will be responsible for all charges.

NONDISCRIMINATION STATEMENT

The Foot and Ankle Center of Iowa and its subsidiaries comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Foot and Ankle Center of Iowa does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. By signing below, I acknowledge that I have been offered a copy of the "Notice informing individuals about nondiscrimination and accessibility requirements and nondiscrimination statement."

Patient or Guardian Signature Printed Patient Name Date

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