

PATIENT FINANCIAL AGREEMENT

Dear Patient:

We would like to take this opportunity to welcome you to our practice and thank you for choosing William D. Fishco, D.P.M., P.C. to provide your foot and ankle care. We appreciate your trust and look forward to keeping your feet and ankles healthy and happy.

As part of our service, we try to contain the rising cost of healthcare. In an effort to do this, we have implemented this Financial Policy which we ask you to read and sign. You may receive a copy for your records if you so desire. The original will be maintained in your patient chart.

INSURANCE BENEFITS AND COVERAGE

As a courtesy to you, our billing service (Thousand Cranes Billing) will submit your insurance claim(s) for treatment rendered at this office. Please be advised that your insurance policy is a contract **between you and your** insurance company. We **are not** a party to that contract. If you ever have any questions regarding your coverage and or benefits, please contact your insurance company. Ultimately, you are responsible for all costs incurred during treatment with the exception of insurance **contracted** adjustments. These adjustments are determined by the contract the doctor has with the individual insurance company. If your insurance does not accept assignment of benefits, in other words, if they pay you rather than us, payment must then be made in full at the time of service. In such instances we will submit the claim on your behalf.

COPAYMENTS, DEDUCTIBLES AND COINSURANCE

Although we do accept assignment of insurance benefits, we require payment of any copayments due at the time of service. **We accept cash, credit and/or debit.** If you have any deductible or coinsurance amounts to be met, you will be billed once your insurance has processed and paid their portion of the claim.

UNINSURED PATIENTS AND NON-COVERED BENEFITS

Full payment is due at the time of service. **We accept cash, credit and/or debit.** In some instances a payment plan may be made for some patients on a case by case basis with our billing service. While we try to accommodate all of our patients our billing service does maintain strict guidelines regarding payment plans.

BALANCE AND STATEMENT

You will receive a statement once a month, if you have a balance owing. Failure to pay a balance by the third billing statement will result in your account being turned over to the collection process. If you have made a payment agreement and fail to make two consecutive monthly payments, your account will be turned over to the collection process. **Please note there is a fee of \$25.00 plus balance owed for all returned checks.**

In order to refrain from raising our fees, we must control our costs and maintain efficiency in the business aspect of our practice. We are dedicated to providing you and your family with the best possible foot and ankle care available. We will also attempt to accommodate you whenever possible. If you have any questions, please contact our office and we will be happy to discuss them with you.. Thank you for your understanding. We look forward to serving all your foot and ankle needs.

I have read the Financial Policy, understand it and agree to its terms.

Signature of patient or parent if patient is a minor

Date

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