

FOOT CENTER McALLEN WESLACO PLLC FINANCIAL POLICY

The providers and staff at Foot Center McAllen Weslaco PLLC (FCMW or the practice) feel that we can better serve your healthcare needs if you are familiar with the following policies and procedures:

OFFICE HOURS: FCMW in McAllen is open Monday through Friday from 8:00am to 5:00pm and in Weslaco Monday through Thursday from 8:00am to 5:00pm. Provider is available on an emergency basis at any time.

APPOINTMENTS: Appointments may be made by calling (956) 682-4187 in McAllen or (956) 969-1063 in Weslaco during our office hours. Every effort will be made to provide the earliest possible attention for the convenience of the patient. Due to the unscheduled nature of emergencies imposed upon the provider, occasional delays do occur. We hope that you will understand that these delays are unavoidable. If you are unable to keep your appointment, please cancel as far in advance as possible. Some other patient who can be booked into the open time will be grateful for your thoughtfulness. If you miss more than 1 appointment without providing us a 24-hour prior notice, we reserve the right to assess a \$25 fee for the missed appointment.

PAYMENT FOR SERVICES: Patients are expected to pay at the time the service is rendered. In our contract with insurance carriers, we are required to collect a co-pay for your visit with the provider, therefore, we will be collecting your co-pay prior to your visit. We will accept cash, check, or credit card. Returned checks will incur a \$30.00 service charge. **In order to participate in protecting your medical identify, we do ask for a copy of a health insurance card, Driver's License (ID card) upon check-in.**

Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance, payment in full is expected at the time of your visit.

- A. However, if this is not possible, a copy of your account charges will be provided the day of your visit. Payment of your account is expected within 10 days of receipt of charges. In the event timely payment cannot be made, special and specific arrangements may be made.
- B. You are directly responsible for any unpaid balance on your account with us. You will receive a statement each month, even if insurance payment is pending. The medical information necessary for insurance claim forms is provided as a courtesy to you. FCMW cannot accept responsibility for collecting your claim or negotiating a settlement on a disputed claim since we are not a party to your insurance contract.
- C. If payment cannot be made when due, you must contact our main office at (956) 682-4187 to set up an extended payment arrangement.
- D. After 90 days, if no payments have been received and no extended payment arrangements have been made, necessary collection proceedings will begin.
- E. It is important that you notify us of any changes of address promptly since undeliverable statements are turned over to collection agencies immediately.
- F. In accidents, legal cases, etc. in which an insurance company or other party is presumed liable for your expenses incurred as a result of your accident or illness, FCMW looks to the party receiving the services for payment and cannot be expected to wait for the conclusion of long-term court cases or the settlement of disputed insurance claims before being paid. The party receiving such services is expected to take care of his/her account in line with the above credit guidelines.

INSURANCE CLAIMS: If you have indemnity insurance, which will pay for services rendered at FCMW, it is our policy to provide to you, without charge, a statement with all the information needed by your insurance company. You should forward this statement together with your insurance claim form, filling out the patient part only, directly to your insurance company. It must be understood, however, that financial responsibility for the account rests with the patient. Insurance claims on

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services performed must be requested by the patient. You will be responsible for any deductible at time of service.

*Caution: If your insurance covers services rendered at FCMW, it is your responsibility to request an itemized statement from our office covering these services. If you have filed an insurance claim and no payment or rejection notice has been received within 60 days from the date of filing, we encourage you to:

- A. Contact your insurance company as to the reason for delay
- B. Make regular payments on your account to keep it in good standing. Any overpayment will be refunded in the event that the insurance pays directly to FCMW.

DIVORCED PARENTS OF PATIENTS: By signing below, the adult who signs a minor child into our practice on the day of service accepts responsibility for payment. This office does not promise to send bills or records to the other parent/guardian for issues of payment or communication. We will communicate about treatment and payment with the parent who signs in that day. Parents are responsible between themselves to communicate with each other about the treatment and payment issues.

FORM FEES: There will be a **\$15.00 fee charged to complete forms**. The following list includes, but is not limited to: disability, FMLA, loan, supplemental insurance policy, daycare forms, etc. Payments must be made prior to the completion of the forms. The office will have **10 business days** in which to complete forms before making them available for patient to pick up.

COPIES OF MEDICAL RECORDS: For paper copies, there will be a \$25 fee for the first 20 pages, and 50 cents for each page thereafter. For copies of xray, there will be a \$15 fee, which includes the costs of labor and supplies. For records provided in an electronic format, a \$25 fee applies for 500 pages or less and \$50 for more than 500 pages. A reasonable fee for the actual costs of labor, supplies, and postage (if applicable) will be applied. If an affidavit is requested certifying that the information is a true and correct copy of the records, a \$15 fee will apply.

EMERGENCIES: Call our phone number, (956) 682-4187, at any time. A provider is available on call to meet emergency needs. New patients making their first visit to the practice are requested to arrive 15 minutes before their scheduled appointment for the purpose of registration.

COMPLAINTS: It is our sincerest desire that you will have no occasion to register a concern, but if that occasion should arise, please call any of the providers or the office manager at (956) 682-4187. Your constructive criticism is encouraged at all times to assist us in improving service to our patients.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Printed Patient's Name

Date

Patient's Signature (or Guarantor, if applicable)