

INSURANCE BENEFITS/PAYMENT POLICY

As a courtesy, Foot Center McAllen Weslaco, verifies your benefits with your insurance company. If you do not have your insurance cards with you at the time of your appointment, we cannot verify benefits. You will be considered a private pay patient if for any reason we cannot verify benefits and/or if insurance coverage is not effective at the time of your appointment. This office will NOT process retroactive claims to seek insurance coverage for services paid for as a private pay patient. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

It is the policy of Foot Center McAllen Weslaco that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their deductible, copay and/or coinsurance payment at the beginning of each visit. The patient benefits clerk at your location will explain this information to you prior to your visit. At the end of your visit with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund.

If you are covered by health insurance with podiatry benefits, we will be happy to bill your insurance. Please provide your insurance information to the front office staff and we will verify your coverage as a courtesy. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.

Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician is not a guarantee that your insurance will cover our services. **Please remember that you are 100% responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.**

We highly recommend you also contact your insurance carrier and check into your coverage for podiatry benefits. Do not assume that you will not owe anything if you have more than one insurance policy.

Patient's Printed Name

(If patient is a minor) Patient's Parent Name

Patient's or Parent's Signature

Date

Witness

Date