

Shin Foot and Ankle Specialists Financial Policy

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our payment policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance, copayments or deductibles for participating insurance companies. Shin Foot and Ankle Specialists accepts Cash, Personal Checks (in-state only), Visa, MasterCard, and Discover. There is a minimum service charge of \$25 for returned checks.

Patients with an outstanding balance of 60 days or more overdue must make arrangements for payment prior to scheduling appointments. We realize that financial difficulty is a reality. In such circumstances, please speak with one of our staff members to make payment arrangements.

INSURANCE

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

If you need assistance or have questions, please contact the billing office between 9:00AM and 5:00PM on Monday thru Friday at 760-631-3973 ext. 103.

MANAGED CARE

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from your primary care doctor before making an appointment. Retroactive referrals are not guaranteed.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested at least 24 hours prior to the appointment. We reserve the right to charge \$50 for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the Shin Foot and Ankle Specialists Financial Policy. I agree to assign insurance benefits to Dr. Shin and/or Shin Foot and Ankle Specialists whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature: _____

Print Name: _____

Date: _____