

CHEROKEE FOOT & ANKLE CENTER
PATIENT FINANCIAL POLICY

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff.

- **As our patient, you are responsible for all authorization/referrals needed to seek treatment in this office.**
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment.
- Your insurance company may request information from you before processing a claim, and it is your responsibility to comply with their request. Failure to comply may result in denial of your claim, and you will be responsible for all charges incurred.
- **All applicable co-pays, deductibles and co-insurance and/or non-covered services are due at time of service.**
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be “not covered”, or you do not have authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals, however, you remain responsible for charges to any service rendered. **Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.**
- You must inform the office of all-insurance changes and authorizations/referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
- **There are no refunds for supplies purchased in the office.** Unfortunately, not every supply prescribed works for all patients, but we strive to ensure we make every effort to have a satisfactory outcome.
- For Workers Compensation patients we require a verified authorization from your insurance carrier prior to your initial visit. If your claim is denied you are responsible for payment in full.
- Past due accounts are subject to collection proceedings. All costs incurred including, but not limited to, collection fees, attorney fees and court fees shall be your responsibility in addition to the balance due this office. **A fee of 25-30% will be added to your account prior to collection proceedings.**
- There is a service fee of \$25.00 for all returned checks. Your insurance company does not cover this fee. We require the check to be replaced by cash, money order or credit/debit card.

Signature of Patient/Responsible Party: _____

Printed Name of Patient/Responsible Party: _____ Date: _____