

# Advanced Foot Care Center, LLC

## Financial Policy Agreement

Dear Patient,

We are pleased that you have chosen our office to help you with your healthcare needs. The doctors and staff of Advanced Foot Care Center, LLC strive to provide you with the best, up to date treatments possible. It is our goal to provide you an excellent experience prior, during and after you have been treated by our office. We ask that you review the policy agreement below, so that you understand your financial obligations.

### **An understanding of your insurance:**

- **Co-Payments:** the amount you have to pay out-of-pocket at the time services are rendered (this amount is usually a flat fee).
- **Deductible:** the amount you have to pay out-of-pocket for expenses before your insurance company will cover the remaining cost.
- **Co-Insurance:** the amount you have to pay out-of-pocket once your deductible has been met (this amount is usually a percentage of the allowed fee).

While we are pleased to assist you with your insurance, the obligation for payment of our fees remains that of the patient or responsible party. Please contact your insurance company if you are unaware of your coverage status. Although we are contracted with many insurance companies, you may not be within our network and you may be responsible for additional fees other than that of a contracted provider. We will do our best to keep you informed. We encourage you to communicate any questions, concerns, or misunderstanding you may have about your account. Our billing is done in office. In order to contact our billing staff, call **785-354-7608** and ask to speak with someone from the billing department.

### **Billing Policies:**

1. As a courtesy to our patients, we will file your claim with your insurance carrier. Once the claim is processed, we will notify you of any remaining balance due.
2. It is your responsibility to inform Advanced Foot Care regarding any changes in your insurance coverage prior to your scheduled appointment.
3. If you have not met your deductible or have a co-pay, this amount may be asked for at the time services are rendered.
4. In the event you do not have insurance, arrangements will be made prior to your appointment and payment will be due at the time of service.
5. Advanced Foot Care does not participate in the Medicaid Program. It is your choice to have services with Advanced Foot Care and in doing so you are accepting responsibility for all fees at the time of service, unless payment arrangements have been made.

### **Additional Fees May Apply:**

- **Missed Appointments-** There is a \$25.00 fee for any missed appointments without a 24-hour notice. If you do not show or do not call prior to the 24-hour timeframe, you may be subject to this fee.
- **Returned Checks-** There is a \$35.00 fee for any checks returned.
- **Collection Accounts-** If you disregard our many attempts to collect your debt to our office, we will submit your account to an outside collection agency. Once this happens, our office can no longer assist you with your account. Any accounts submitted to collections will need to be paid prior to scheduling any new appointments with our office. You also agree to pay all collection costs that incur and any attorney fees and/ or court costs.

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**Patient/Responsible Party Signature**

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**If not patient-Relationship**

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**Date**