MYERS & MILLER PODIATRY
Financial Policy

I am pleased to provide your podiatric care. Please understand that payment is part of your treatment. The following is a statement of our Financial Policy, which you need to read and sign.

Patients or their legal representative shall complete an information sheet which requests current insurance information before seeing the doctor.

- Self Pay, full payment is due at the time of service
- Co payments are due at the time of service
- Coinsurance amounts are due at the time of service
- If you have insurance, your claim will be sent to your insurance company and any remaining balance due after their portion is paid will be your responsibility
- We accept cash and checks. Returned checks will be subject to a $25.00 fee

REGARDING INSURANCE:

Your insurance is a contract between you and your insurance company. It is *your* responsibility to contact your insurance company to confirm network status of the physician prior to your visit. Should the doctor have an agreement with your insurance company, we will bill the insurance *if* it is a covered service.

Not all services are a covered benefit. It is *your* responsibility to check with your insurance company prior to your visit regarding what services will and will not be covered. If the service is a non covered service you will be responsible for payment at the time of service.

If a patient is covered by both Medicare and Medicaid we will assume the patient is experiencing financial hardship in which case non-covered fees will be waived.

MINOR PATIENTS:

The child's parent or guardian is responsible for payment at the time of service.

NEW PATIENTS:

New Patients are to arrive at the office 20 minutes in advance of their appointment time to fill out necessary paperwork. If all of your paperwork is not completed by your appointment time, we reserve the right to reschedule you.

MISSED APPOINTMENTS:

As a courtesy, please contact our office to cancel an appointment 24 hours in advance. If an established patient fails to show for three appointments without calling to cancel, the patient will be terminated. New patients failing to cancel their initial appointment will not be scheduled a second time.

ARRIVING LATE:

If you are not checked in at the front desk 5 minutes before you scheduled appointment time, we reserve the right to re-schedule your appointment.

If you are unable to make timely payments due to financial hardship please contact our office for assistance with this matter.

I, the patient or legal guardian, understand that by signing this form I accept full financial responsibility of this account.

_____ _____ _____

Signature of Patient, Parent or Guardian Relationship Date