



FOOT AND ANKLE

Dr. Zachery Barnett, FABPM ACFAS

Patient Financial Responsibility

Thank you for choosing Align Foot and Ankle for your medical needs. We are committed to clear and transparent billing, as well as aiding in navigating the patient financial responsibility. We ask you take a few moments to review and sign Align Foot and Ankle Financial Policy.

By signing below, you are agreeing to these terms:

1. You are ultimately responsible for payment of charges for services you receive from this practice, including those covered by your insurance. As a convenience, this practice will submit claims for reimbursement with your insurance provider, however, **all payment responsibility is ultimately yours.**
2. If you have no insurance, you are responsible for all services rendered. A breakdown of all cash services are listed on the cash-pay menu on our website and in-office Digital signage, and a printable version is available upon request.
3. Your insurance policy is a contract that exists between you and your insurance company. Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number on the back of your insurance card and speak to your insurance agent.
4. **It is your responsibility to know the specifics of your policy** (Referral requirements, in and out-of-network physicians and facilities). Most private insurance policies (Non medicare and medicaid) plans have deductibles, copays, co-insurance, out-of-pocket expenses and stipulations for DME.
5. **Immediate payment is expected at the time of service.** This may include a co-pay and additional payment if practice determines that the cost of the visit or procedures will not be reimbursed by the insurance. This often happens when a deductible has not been met/satisfied Or coinsurance applied until out of pocket max is met.
6. The practice may deny service for failure to pay co-pay, patient responsibility, or failure to reconcile past balances.
7. If your annual out-of-pocket expenses have not been met, and **if Align Foot and Ankle is able to estimate your care, you will be asked to pay my full estimated patient responsibility during your visit based on your insurance plan coverage.**
8. Care estimates are not guaranteed to be reflective of final charges for your visit or procedure. Your insurance company will make a final determination as to how much you owe after the claim for your visit is processed.

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Align YOUR STEPS



9. If you are unable to pay the full cost of your care, payment plans may be available. In addition, Align Foot and Ankle accepts Care Credit plans for those in need and may offer Saturday clinics from time to time designated of those with financial need.

10. Should your account reflect a credit following final claim determination by your insurance company, Align Foot and Ankle will issue you repayment or credit within 30 days of our receipt of claim determination.

11. **Ultimate payment by your insurance company cannot be guaranteed by our staff.** If you have concerns, we advice you to contact you insurance company.

12. We truly on you to inform us of all insurances and changes in feet and to notify the office immediatly of any changes. If you do not inform us of changes, you will be responsible for services rendered.

13. If we are not provided ALL insurance information at the time of service, you will be responsible for paying Align Foot and Ankle directly at our self-pay rate and then submitting to insurance for reimbursement.

14. When multiple insurance policies exist, it is patient's responsibility to inform us which policy is primary, secondary, etc. If we are not provided ALL insurance information at the time of service, you will be responsible for paying Align Foot and Ankle directly and then smiting to insurance for reimbursement.

15. Past due accounts, more than 90 days, will be turned over to collection agency and a \$35 dollar administration fee will be added to the account balance.

16. **MISSED APPOINTMENT POLICY:** If you miss an appointment, or cancel less than 24 hours of appointment time, you may be assessed a \$25 fee. Missed appointment fees are the responsibility of the patient.

I have read and understand the Financial Policy of Align Foot and Ankle:

Patient Name (Print) _____ Date _____

Signature _____