

## The Foot and Ankle Specialists (herein after collectively referred to as “FAS”)

### Notification of Office Policies and Procedures

**1. Reading the following policies and procedures annually will keep you informed about our office.**

**2. Appointments:** Physicians are available by appointment during posted hours. During a medical emergency, patients should seek care at the nearest emergency room or call 911. After hour critical calls will be forwarded to the on-call physician.

**3. Refills and Medication:** Refills are completed via a pharmacy request. Contact your plan regarding your drug coverage.

**4. Messages:** Phone messages received before 3 PM are usually returned daily. Emails are returned less frequently.

**5. Benefits:** FAS will reiterate the benefits that were disclosed to us by your insurance plan. We will then collect based on the benefit level all applicable copays, deductibles, coinsurances and balances that apply at the time of service.

**Copays and balances are due at the time of service.**

**6. Payment:** FAS accepts VISA, MasterCard, Discover, Cash or Checks.

**7. Insurance Claims:** Your insurance policy is a contract between you and your insurance company. FAS will submit insurance claims to your insurance company as a courtesy to you. FAS files claims electronically for the patient's primary, secondary and tertiary contracted plan and accepts payment via the patient's assignment.

**8. Multiple Policies:** When multiple policies exist, it is the policy holder's responsibility to inform FAS of their primary plan. Delayed filing to the primary plan can result in violating timely filing limits, resulting in a denial of service and full patient financial responsibility.

**9. Non-Covered Services:** FAS will not submit claims for non-covered items such as over the counter convenience items (eg. Biofreeze, Powerstep arch supports, Formula 3, Benfotiamine, Slippers, Socks, etc...)

**10. Referrals:** FAS may refer patients to other providers, facilities, and labs. FAS is not responsible for these entities. The patient should contact these non-FAS providers, facilities or labs directly regarding any billing questions. The policy holder is also responsible for all insurance prior authorizations and/or managed care referrals necessary for payment to FAS.

**11. Missed Appointments:** A \$75 charge will apply for new patient appointments broken or canceled without 24 hours advanced notice.

**12. Appointment Hold:** Repetitive broken appointments, non-compliance, hostile behavior, and/or financially deficient accounts will result in appointment hold and/or the termination of the Foot and Ankle Specialists Doctor-Patient relationship. 30 days' advance notice will be given should the situation result in a transfer of the patient's care.

**13. Delinquent Accounts:** Past due accounts are subject to collection proceedings and are reported to the credit bureau. All collection fees, attorney fees and court fees shall become the patient/guarantor's responsibility in addition to the balance due the office.

**14. Returned Checks:** A \$35.00 fee will be assessed on all returned checks. All checks returned due to NSF or Closed Account must be paid with cash or credit card and include the returned check fee prior to scheduling another appointment.

**15. Returns:** Only unworn and non-custom items are returnable within 30 days of receipt, if no visible signs of wear, tear, or odor. Custom items are tailored to meet individual needs; custom items are non-returnable, non-refundable.

**16. Medical Records:** Medical record copies will be charged to the patient and collected prior to replicating. The cost for each copied x-ray is \$5 each. The cost for medical records is \$0.50 per page.

The undersigned certifies that he/she has read and understands the foregoing 1-16 statements, and is either the patient, or is duly authorized by the patient as the patient's general agent to execute the above and accepts its terms.

\_\_\_\_\_  
Print Name of Patient  
or Legal Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date