Syracuse Podiatry
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Syracuse Podiatry Financial Policy

Thank you for choosing Syracuse Podiatry for your foot and ankle health. We look forward to addressing any foot and/or ankle pain you may experience with the utmost expertise. The medical services provided by our office are services you have elected to receive which may imply a financial responsibility on your part. Please understand that payment of your bill is part of this treatment and care. Listed below, please find our current financial policy:

Appointments Times:

Please be aware, we ask that all patients arrive ten (10) minutes prior to their appointments to avoid any delays in the office schedule. If you are **10 minutes after** your scheduled appointment, you may be asked to reschedule when you check in.

INSURANCE:

We participate in most insurance plans. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with, but do not have an up-to-date insurance card, payment in full for each visit is required, until we are able to verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage and be aware that your insurance benefit is a signed contract between you and your insurance company.

MEDICARE:

We are a participating Medicare provider. We accept Medicare benefit amounts. Medicare, as well as, your secondary insurance (if applicable) will be billed for you. However; that does not mean that all services are covered. Patients are responsible for paying their annual deductible, if it has not yet been met. You are also responsible for any copayments/coinsurance, which are usually 20% of the allowed amount for a medical item and/or service.

SECONDARY INSURANCE:

Your medical claim will be forwarded to your secondary insurance (if applicable) after payment and/or an explanation of benefits (EOB) has been received from your primary insurance company.

SELF-PAY:

Payment in full is due at the time of service if you are not currently covered under a health insurance plan.

NON-COVERED SERVICES:

Please be aware that some of the services you receive may not be covered or not considered reasonable or medically necessary by Medicare and/or other insurers. You are responsible for full payment of these services at the time of service. We also do not participate with Worker's Compensation cases. If you are injured in the workplace and plan on filing a case, we will not be able to treat you for this issue. Please be aware you will be billed out of pocket prices if we treat you and this was not presented during the first visit for this problem.

PATIENT BILLING:

ALL co-payments must be paid AT THE TIME OF SERVICE. This arrangement is part of your contract with your insurance company. It is considered insurance fraud if our office fails to collect co-payments from patients at the time of service. Please help us in upholding the law by paying your portion of insurance benefits at each

visit. As a courtesy, our office does verify benefits with your insurance carrier; however, the insurance agreement is a contract between you and your insurance carrier. It is recommended that you verify your benefits with your carrier as well. **Failure to pay your co-payment at the time of your visit will result in a $5.00 billing surcharge.** Additionally, bounced checks will be the responsibility of the patient and an addition fee (bank fee) of $30.00 will be added if a check should bounce. For any questions or concerns, please call our office and ask to speak to our practice administrator, Dawn.

REFERRALS/AUTHORIZATIONS/Requested documents:

Our office is required to follow the guidelines of your managed care plan, which mandates that upon visiting a specialist, such as ours, you must have a referral from your primary care physician (PCP) prior to seeking specialty care. Therefore, you are financially responsible for the services received, unless your referral is presented at the time of visit. Please find listed below some insurance examples which will require a referral and/or authorization at the time of service:

A. Blue Cross Blue Shield: Plans which begin with "VYB" or "VYT" -- requires Referral from PCP

B. Onondaga Nation Health Insurance -- requires a Referral be presented at **each** visit

As per NYS law a $0.75 charge per page will be the patient's responsibility.

NON-CUSTOM DURABLE MEDICAL EQUIPMENT (DME) RETURNS:

If a patient is unsatisfied with any non-custom Durable Medical Equipment item, it must be returned within 30 days, as per Medicare guidelines. Returns after 30 days will not be permitted. The item will only be accepted as a return if it is in returnable condition; which is subject to consideration. ***Any custom Durable Medical Equipment item may not be returned for any reason.***

PATIENT CANCELLATION AGREEMENT:

Our office requires twenty-four (24) hour notice for all patients canceling and/or rescheduling office visits. If our office does not receive twenty-four (24) hour notice you will be charged a $50.00 fee for the missed office visit. If you miss two (2) or more visits, it is per our office policy to discharge the patient from our practice, therefore, the patient is no longer able to schedule at our office. If you arrive over twenty (20) minutes late to your scheduled appointment, we may need to reschedule your appointment. You will bear complete financial responsibility for any fee(s) incurred.

ASSIGNMENT OF BENEFITS:

I, the undersigned, certify that I (or my dependent) have coverage with my insurance as presented and assign directly to Syracuse Podiatry all insurance benefits payable to me for services rendered. I understand that I am responsible for payment of co-payments, non-covered services, and other fees AT THE TIME OF SERVICE. I hereby authorize Syracuse Podiatry to release all of the information necessary to secure payment of benefits. I authorize Release of Medical information to my insurance carrier, or requested physician, to provide continuity of care. I authorize the use of this signature on all insurance submissions. I understand that is it my responsibility to inform Syracuse Podiatry if there are any changes in my health insurance information and acknowledge I was provided with and/or offered a copy of the Notice of Privacy Practices and understand and accept it's terms.

_____	_____	_____
Print Name	Signature	Date

OR

_____	_____	_____	_____
Financially Responsible Party	Relation	Signature	Date