

## 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

