



Northeast Wisconsin Foot & Ankle Associates

Financial Terms

INSURANCE

If a patient has health insurance and provides us with the necessary information, we will file a claim for services rendered. If insurance does not cover the services provided at N.E. Wisconsin Foot and Ankle Associates (the Practice), patient is responsible for all charges and will be billed for services rendered and all balances are due in full upon receipt.

Insurance Cards of current coverage must be made available upon request at all appointments. We reserve the right to reschedule appointments when card is not available.

Co-Pays are due at time of service or we reserve the right to reschedule the appointment for another time.

Referrals from a patient's primary care physician may be required prior to being seen by our physicians. Please verify referral requirements with your insurance company to ensure eligibility for coverage.

Pre-Authorization/Pre-certification notification requirements are the responsibility of the patient.

WORKERS COMPENSATION AND DISABILITY

Claims will be filed on the patient's behalf at no charge for the first submission, as long as complete and accurate information is provided to us. If a patient requests that additional claims be filed, a **\$5.00** fee will be charged to the patient's account with each submission. **Charges that are denied or disputed become the responsibility of the patient** and will be billed accordingly and due upon receipt.

Physician referrals may be required for these cases and are the responsibility of the patient and/or referring physician.

NO INSURANCE COVERAGE

Patients without insurance coverage or those who request that claims not be submitted to insurance, are eligible to receive in-office services or DME at a 20% discount **if charges are paid in full and at the time of service**. If payment in full is not made at the time of service, a **minimum** of 50% of the charges incurred will be due at the time of service. No discount is given on over the counter medical supplies or non-medical purchases.

MINOR PATIENTS

Accompanying parent or guardian of a patient under 18 years of age is financially responsible for services received by minor.

DURABLE MEDICAL EQUIPMENT (DME)

- Durable Medical Equipment (DME), such as custom orthotics or walking boots, may be covered by insurance. Claims will be submitted if insurance information is on file and if patient has not informed us, at time of order, that they will be paying out-of-pocket for charges incurred.
- At least a **50%** deposit for orthotics is required at time order is placed. If any balance remains after insurance processes claim, the deposit will be applied to this or any other outstanding balance before any refund of deposit is made.
- No refunds or guarantees on any durable medical equipment including, but not limited to, prescription orthotics or walking boots.

TERMS OF PAYMENT

- Co-pays, co-insurance, deductibles, and other charges not covered by insurance are the patient's responsibility.
- Account balances, after insurance processing, are due upon receipt of statement. Failure to do so may result in account being sent to collection agency.
- There will be a \$20 fee charged to patient's account for all returned checks.
- **No returns on medical supplies after 30 days and must not be opened.**

COLLECTION AGENCY PLACEMENT POLICY

You are financially responsible for the timely payment of your outstanding bill per our payment policies. You will be responsible for any and all collections agency fees up to 30% of the amount placed with the agency. In the event we seek legal action for collection on your account, you will also be responsible for any and all fees associated with court cost, garnishments, and/or attorney fees.

I have read the Financial Policy and understand and agree to its terms and conditions. I hereby authorize the designated doctor to release any medical information necessary to determine benefits payable for related services and to process the claim. I authorize the Practice to submit charges to my insurance. I assign payment directly to the designated doctor for any medical/surgical procedures performed.

X _____ Date _____

Revised: 01/07/2020