Family Foot and Ankle Center

An Instride Foot and Ankle Specialist Partner

Patient Name_____

1. As the patient, you are responsible for full payment of your bill. However, we will bill your health insurance carrier if all the necessary information is provided to us on the date of service. If you do not have your insurance card, it will be assumed that you do not have insurance and you will be responsible for your charges at this time.

2. If you are covered by more than one insurance company, we will also file the secondary as a courtesy, as long as you have your insurance card, so we can obtain the information needed to file the claim.

3. If your deductible has not been met, we require payment at the time of service, up to your deductible and then collect any remaining co-insurance.

4. If your insurance company has not remitted payment forty-five (45) days after we have billed them, you will be notified. At that time, you will be asked to remit full payment on your account.

The patient is responsible for payment of the total charges shown on the bill. As a service to our patients, we file for insurance with your carrier. We can not, however, guarantee payment of any of the charges shown on your bill. Payments will be shown on your account only after they are actually received by this office. The estimated amount due from the patient is based on a preliminary review of the patient's insurance coverage and is due from the patient or responsible party upon receipt of the bill. Over payment will be refunded by check to the party due the over payment.

Failure to give a 24 hour notice of cancellation with result in a $25.00 No Show Fee.

If you wish to inquire as to why your insurance company has not paid, we suggest you do the following:

- Contact your insurance company at the number listed on your insurance card.
- Advise your insurance company that because of non-payment of your claim, payment is being requested in full.

Signature_____Date_____

Print Name_____

Relationship to Patient_____