



Caring Foot and Ankle Specialists

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Foot & Ankle Specialists Accredited by American Board of Podiatric Surgery

11515 Chimney Rock Road Houston, TX 77035 (713) 728-3117 (713) 728-2212

www.CaringFootAndAnkle.com

Financial Policy

Welcome to Caring Foot and Ankle Specialists. It is our goal to provide you with excellent care, not only medically, but in all other aspects as well. If you receive a bill from us that you do not understand or feel that you may have received in error, please call our office promptly at 713-728-3117.

Traditional Medicare Insurance:

We will file all charges with Medicare and your supplemental insurance if applicable. If you do not have supplemental insurance, you will be billed for the 20% not paid by Medicare, or any deductible that has not been met.

MEDICAID DOES NOT COVER PODIATRY SERVICES FOR INDIVIDUALS OVER THE AGE OF 18.

Medicare has strict guidelines concerning their coverage of routine foot care such as trimming nails, or paring corns and calluses. The doctor will be able to determine if your routine foot care is or is NOT covered by Medicare. Should you have a non-covered service such as this performed, you will be asked to pay for that service at the time of your appointment.

All Other Medicare Insurances Including Medicare Replacement Plans:

Caring Foot and Ankle Specialists accepts and participates with many commercial and **Medicaid** programs, but there are a few plans that we do not participate in. As a courtesy to our patients we will submit your claims to all other insurance companies **providing:**

- At each visit we receive a copy of all current insurance identification cards.
- Our Patient Information Form is current and correctly completed.
- Our Financial Policy is signed.

If we have not heard from your primary or secondary insurance within 60 days, you will be billed directly. In that event you must contact the insurance company directly to find out why your claim has not been paid. It is the patient's responsibility to give us their current insurance information. **If we do not have a copy of your current insurance card, or have received incorrect or old insurance information, all charges will become the patient's responsibility.** Verification of benefits does not guarantee payment in which you will receive a bill. You will be responsible for coinsurance, deductible, copays and non covered services.

Referrals/Authorizations:

Referrals are the **patient's responsibility** to obtain, if your insurance requires one. We will do all we can to assist you, but it is ultimately your responsibility. If a required referral is **NOT** in place **PRIOR to your appointment**, we may **reschedule** the appointment until it is received or you may personally pay for the visit and all services provided at the time of service.

No Insurance:

If you do not have health insurance, charges for the day's medical service **are due at the time of service** unless other arrangements have been made with the billing department in advance.

Custom Orthotics/ Device:

If your insurance does not cover orthotics or your deductible has not been met, a payment of half the price of the orthotics will be expected prior to ordering. The remaining half is due at the time your orthotics are dispensed.



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Financial Policy (Page 2)

All co-pays and co-insurances are due at the time of your appointment, as specified in your insurance contract and mandated by your carrier in our participating provider agreement.

- We ask that when you arrive for your appointment you are prepared to pay your co-pay as we are required to collect it by your insurance carrier. If you cannot pay your co-pay, then you cannot be seen.
- For your convenience Caring Foot and Ankle Specialists accepts cash, money orders, MasterCard, Visa, and personal checks, as well as Care Credit. **Payment is expected at each visit.** We reserve the right to reschedule your appointment if you are unprepared to pay your co-pay, co-insurance or unpaid balance.
- **If you have a substantial deductible** with your insurance policy, you may be **requested to pay a percentage of the day's charges at the time of service.** If you want to schedule surgery, your deductible, or a portion there-of may be due **before** the surgery is scheduled.
- **Referrals/Credit Card on File Policy**
We may request to store your credit/debit card information electronically in our encrypted PCI & HIPPA compliant medical record system to provide convenient balance payments for the portion of services that your insurance doesn't cover, but for which you are liable.
- **Collections:**
Caring Foot and Ankle Specialists will make every attempt to provide you with payment terms and options that meet your needs, if you have any financial troubles with paying your bill. However, if we do **not** hear from you by phone, mail or partial **payment within 45 days** of a statement being sent, you **may be referred to a collection agency.**
- **Disability/FMLA Forms:**
It can take the doctors at Caring Foot and Ankle Specialists 15-20 minutes to complete a disability form, in addition to your normal medical office visit, as they must review your chart and fill in detailed information. Therefore there is a **\$25.00 fee** for every disability form to be completed by the doctors. Usually these forms are completed after clinic hours and may take 3-4 business days to be completed depending on patient volume. The fee is payable **upon presentation** of the forms. The forms will **NOT** be completed until the \$25.00 fee is received.

Missed Appointment Policy:

Caring Foot and Ankle Specialists reserves the right to charge a patient for a missed appointment. **If you cannot make your scheduled appointment, PLEASE CALL THE OFFICE with at least 24 hours notice.** A **no show fee of \$25** will be charged to your account for the missed appointment with no prior notification. One missed appointment, or severe weather problems will NOT result in a patient being charged. In the case of extenuating circumstances such as a family emergency or other mitigating event, where 24 hours notice was not given, we ask that you please call and explain the absence so we can excuse the absence appropriately.

In order to discourage last-minute cancellations we ask patients to give us at least **1 week notice prior to a surgery date to cancel or reschedule a surgery,** or the patient will be charged a **\$75 Surgery Patient Cancellation/Rescheduling fee,** which will need to be paid prior to rescheduling the surgery. We understand that surgeries can be canceled for a variety of other reasons that are outside of a patient's control, such as insurance, health and surgical facility problems. In these unforeseen circumstances the patient would not be responsible for this fee.

It is always your responsibility to be sure that your account is settled, regardless of insurance or any other circumstances (such as litigation). The Patient is responsible for costs associated with collecting owed balances including but not limited to, collection agency fees, attorney fees, and court costs.