



Premiere Foot and Ankle

Patient Financial Agreement

Please Read Thoroughly and Sign Below if You Agree

1. All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. Please be aware that not all services are a covered benefit with some insurance companies. You are responsible for understanding your coverage. You are responsible for knowing if a referral is required. Make sure you know what physicians are in your plan, what facilities are covered and what ancillary services you must use.
2. **Upon check-in**, we will collect your co-pay. We also reserve the right to collect your deductible, payment for any uncovered service, and the patient's portion as determined by insurance. We accept cash, check, and credit card of Master Card, Visa, Discover & American Express. Returned checks are subject to a \$25 fee.
3. We will bill your insurance company once as a courtesy, but you are still ultimately responsible for payment of all services you receive. If your insurance company does not respond within 30 days, we will follow up with an inquiry on your behalf. If, however, your insurance does not respond within 60 days of claim submission, a statement will be sent to you. You should call your insurance to question why the claim is not paid. Our office will assist you only after you have contacted your insurance.
4. Any unpaid charges over 90 days old will be at risk of being submitted to a collection agency with additional collection agency fee. You are responsible for any collection fees, legal fees, or court costs incurred in the collections process. This agency will report your failure to pay to the THREE (3) national credit reporting agencies.
5. For future surgical patients, all accounts and patient balances must be settled prior to your scheduled procedure; **failure to do so will result in the cancellation of your surgery and post-operative appointments.**
6. **Cancellation/No Show Policy:** We understand that there are times when you must miss an appointment due to emergencies or personal obligations. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Because of this, there will be a fee of \$50.00 if the office is not notified within 24 hours of your appointment for a cancellation; this fee must be paid prior to rescheduling your appointment. **Additionally, if a surgical patient cancels or no-shows their pre-op appointment, their surgery may be cancelled.**
7. **If you are 10 or more minutes late to an appointment, you will be rescheduled.** We understand that delays can happen; however, please understand that we must try to keep the other patients that were on time for their appointment on schedule.

Patient Signature: _____

Date: _____