



FINANCIAL POLICY

Our goal at Ankle & Foot Centers is to make sure your health care experience is delivered with thoroughness and the utmost quality. We want to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines:

1. You are ultimately responsible for payment of services rendered from our office.
2. It is your responsibility to provide us with your current address, telephone number and insurance information at each visit.
3. It is your responsibility to contact your insurance carrier to confirm that we participate in your specific plan.
4. All co-payments are due at the time of service. A \$25.00 service fee will be assessed for failure to pay your co-pay at the time of service.
5. All co-insurance that is allowed by your insurance may be collected at the time of service if we have your insurance fee schedule. *We make every effort to confirm your insurance benefits prior to your appointment but cannot be responsible for incorrect information provided by your insurance.*
6. If you miss your appointment without prior notification to our office, you will be charged a no-show fee of \$25.00 for each missed appointment.
7. There is a \$25.00 fee for checks not honored by your bank
8. Copies of medical records are available to you for a \$20 fee. Copies of xrays are available to you for a \$20 fee. *By Federal and Georgia State law, we are required to keep your records for a period of 10 years and therefore cannot release original medical records or xrays.* Please allow 1 week for records and xray copies to be ready.
9. There is a \$25 fee for completion of forms such as disability, FMLA, employer forms, etc.

I understand and accept the above financial policy

Please Print Name

Date of Birth

Patient/Parent Signature

Date