

## **FINANCIAL POLICY**

1. We accept the following methods of payment in our office: cash, check, debit cards, Visa, Mastercard, and Discover credit cards. Our fee for returned checks is \$25.00. We do not accept payroll checks or third party checks.
2. If you have medical insurance, a valid and current insurance ID card is required along with a current picture ID. If you do not have proof of insurance with you on your initial visit, your account will be considered a non-insurance account, or self pay. **It is your responsibility to make sure Wolf River Family Footcare, PLLC, participates with your insurance plan. Failure to do this will result in you being responsible for 100% of all charges.**
3. If your insurance requires a **referral** from your primary care physician, **it is your responsibility to see that one has been sent to us.**
4. We accept and participate with most insurance companies and managed care plans. We **do not participate** with “*Network S*” of Blue Cross of Tennessee, the “*HealthSpring*” Medicare MCO, and **we do not accept any TennCare plan.**
5. If medical insurance is involved, we will file the claim, and post payments as our office receives them. Co-insurance and deductible balances after your insurance payments are posted will be billed to you and are due and payable on receipt. Co-payments and non-covered services are due when services are rendered.
6. In the event that your insurance company does not pay *in a timely manner*, you will be billed after 90 (ninety) days and you will be responsible for late charges and/or finance charges that may apply.
7. If you do not have medical insurance, payment is expected when services are rendered. If you require extensive services, our office will make payment arrangements in advance for you under the following guidelines: a.) We do not carry accounts over 90 days, b.) a down payment of at least 30% will be paid when services are rendered, c.) remaining balance to be billed over the next 90 (ninety) days in two installments. Finance charges will apply to balances after 90 (ninety) days. d.) a signed and dated financial agreement must be on file.
8. In the event that your account is turned over to one of our collection agencies, or attorneys for collection, you agree to pay all reasonable fees, i.e. court costs, attorney’s fees, and/or any collection fees associated with the collection of your account.
9. You understand that this office will file insurance claims as a courtesy to you and we will be happy to assist you in every way possible with your insurance. However, by signing below, you are agreeing to be 100% responsible for payment of all charges for services rendered.
10. We work by appointment, and try to keep an accurate schedule, making allowances for the occasional emergency work-in or unexpected procedure. If you are unable to keep your scheduled appointment, and do not give **24 hours notice**, we reserve the right to **charge for time reserved.**
11. We block out two hours of the doctor’s time for surgical appointments, **and require 48 hours cancellation notice.** You agree to pay the fee of \$200.00 (two hundred) if you miss a surgical appointment without notice.

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Signature

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Date