

## **FINANCIAL POLICY – University Foot and Ankle Specialist, Inc.**

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### Basic Policy

If you do not have insurance, or if the care you receive is not covered service for your medical plan, you must pay in full at the time of your appointment unless the Billing Manager has approved payment terms in advance.

### Medical Plan

If you give us the proper documents, we will file your medical claims for you. If you want us to file your claims, you must give us current information about every medical plan you have, including private plans, employer plans, managed care plans, HMO, PPO, POS plans, state, federal and military programs, and any other type of medical plan you might have. Medical claim requirements vary based on the type of medical plans and the number of medical plans you have. Even if you believe a particular plan will not pay anything for this service, you still must provide us with current information about the plans or we cannot correctly file any medical claims for you.

Co-payments and deductibles must be paid at the time of service. We give discounts to medical plans to avoid the additional cost of also processing and sending bills to patients.

You must allow us to make a photocopy of the front and back of each medical plan ID card and your driver's license or state ID card. You must give us your Birth date and the Birth date of the policyholder for each plan. You must give us your Social Security number and the Social Security number of the policyholder for each plan. We only use Social Security numbers for filling your medical claims and collecting payments due. We do not use Social Security numbers for any other purpose.

You must sign a statement allowing us to release your medical records to your medical plan(s), and you must sign an assignment of benefits statement for every medical plan allowing the plan(s) to send payment directly to University Foot and Ankle Specialist, Inc.

If one of your medical plans TRICARE/CHAMPUS or CHAMPVA, you must also allow us to make a photocopy of your current military ID card.

If any of the information you supply is incorrect or if your medical plan has expired, you will be responsible for payment in full.

### Non-covered Services

You are responsible for payment in full of items that are deemed non-covered services by your medical plan.

### Injury

If your injury is related to an automobile accident, you must supply us with information about your automobile policy and the automobile policy of the person found to be at fault for the accident.

If your injury is work-related, you must supply us with the name, address, and phone number of your employer, the name of the Worker's Compensation Carrier, the case number, and the authorization number.

### Missed Appointments

In fairness to the physician and other patients that are waiting for appointments, we require at least 24 hours' notice when cancelling an appointment. You may be charged for missed appointments. Missed appointments cannot be billed to a medical plan. If your miss appointments frequently or if you do not pay for missed appointments, you may be dismissed from our office.

I have read, understood, and agree to follow the above financial policy.

Signature of patient or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name of Patient. \_\_\_\_\_