



CENTRAL WASHINGTON

PODIATRY SERVICE

FINANCIAL AND INSURANCE POLICY

WELCOME TO OUR OFFICE

We are pleased to welcome you as a patient. The following is our financial policy. We feel that it is very important that our patients have a clear understanding of our expectations regarding your billing and payment for our services. Feel free to ask questions. After your initial appointment, please advise the receptionist when you come in of any changes in your address, phone, place of work, or insurance coverage since your last visit.

FEES

The fees charged at this office are comparable to those charged by other specialists with similar qualifications in this area. The fees for treatment are payable at the time of visit, unless you carry an insurance that we bill. If your deductible has not been met, we ask that you pay for services in full until the deductible has been met. We accept cash, check, Visa or MasterCard. If other arrangements are needed, please talk to our billing staff prior to receiving service. Balances over 60 days old will incur a service fee. All accounts 90 days past due may be turned to our collection agency.

INSURANCE

We bill Medicare and insurance companies with which we are a contracted provider. Our receptionist can tell you if your insurance is one of these. It is your responsibility to provide us with your insurance identification card showing proof of coverage on your first visit. We urge you to carefully review your insurance coverage prior to your office visit. Policies are often confusing, misleading, and rarely pay everything. Our contractual arrangement is with you, our patient, and not your insurance company. If we do not bill your insurance, payment is due at time of service and we will provide you with a copy of your charges to submit to your insurance. The final responsibility for the services provided to you is yours.

CO-PAYS

Many insurance companies have a co-payment. Our office requires that you pay your co-pay at the time of your appointment. Please give your co-pay to our receptionist when you check in. Failure to pay your co-pay will result in an additional \$10.00 handling fee, not billed to your insurance.

REFERRALS

If your insurance accompany requires a referral from your primary physician, it is your responsibility to make sure our office has a copy. You are responsible to keep track of visits allowed and expiration date of your referral. If a referral is not in place, your appointment will be rescheduled.

SUPPLIES

Most supplies (i.e. padding, pre-fabricated orthotics, heel cups, etc.) are not covered by insurance and payment will be due at time of dispensing. Medicare will not pay for Darco shoes or orthotics.

CANCELLATION

With respect for other patients seeking treatment, we ask that you notify our office at least 24 hours prior to cancellation or change of appointment. Reminder calls will be made the day before when possible, but keeping your appointment time is your responsibility.

When a child of divorced parents is seen, we will expect payment from whichever parent accompanies the child and that parent will ultimately be responsible for any unpaid balance.

If you are having financial difficulty, our Patient Accounts office will be happy to work with you. We do monitor our accounts regularly and non-payment may jeopardize your ability to be seen by our physicians. Thank you for choosing CWPS.

I HAVE READ AND ACCEPT THE CWPS FINANCIAL POLICY.

Signature of Responsible Party

Date

Please Print Name