

FINANCIAL RESPONSIBILITY AGREEMENT

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Welcome to our office. We realize that insurance and billing issues can be confusing. Your specific insurance benefits or financial responsibility can be found through the customer service number listed on the back of your insurance card or at their website. You are responsible for knowing your benefits and if there are changes to your insurance coverage, you must notify us when you arrive for your visit. If your claim is denied, you will be responsible for all charges.

DEDUCTIBLES, COPAYMENTS, AND COINSURANCE

Copayments are charges that remain the same for each visit until your policy changes (i.e.; office visit copay) and due at the time the service is rendered. Coinsurance and deductibles vary for each service received. We can only estimate what your insurance plan will cover and we will collect the estimated portion at the time of service.

BALANCES

Should there be a balance after the insurance pays the claim, you will be responsible for that amount. ***If you have an overdue balance, it must be paid before you are seen by the doctor.***

WHEN REFERRALS ARE REQUIRED

If required, referrals must be received prior to your visit, or you may bring it with you on the date of your visit. The referral cannot be obtained after the service is provided. If you have not obtained one prior to seeing the doctor and the claim is denied for this reason, you are responsible to pay all charges.

PROVIDER COVERAGE

We are able to provide you with a list of insurance companies that we participate with. However, we are not responsible for ensuring that a provider is covered under your particular plan; each insurance company has multiple plans. ***A provider may participate with the insurance company, but not your particular plan.*** Please contact your insurance company to verify that the doctor you are seeing is in your plan network. It is ultimately your responsibility to verify coverage for your particular plan.

LABWORK

If your insurance company requires the use of a particular lab, it is your responsibility to inform us at the time of service or you will be responsible for their charges.

PATIENTS WITHOUT INSURANCE

Payment is required at the time of your visit. We accept Visa, Mastercard, American Express, Discover, Flex Spending Accounts, Health Reimbursement Accounts, or cash.

BOUNCED/RETURNED CHECKS

If a check is returned to us by the bank for any reason (ie: nonsufficient funds, closed account, etc.), you agree to replace the payment with cash or credit card payment within 3 business days along with a \$25 per occurrence fee.

I have read, understand, and agree to my responsibility.

Signature: _____ Date: _____