

## Financial Policy

Thank you for choosing Atlantic Foot Specialists to meet your specialized medical needs. We are committed to providing you with the best treatment available. The following is a statement of our Financial Policy, of which we require that you read and sign.

- Copays and/or deductibles are due in full at time of service.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claim for you if we are contracted with your insurance company. If we are not contracted, payment in full is due at time of service.
- Accounts are due and payable as of the date billed. Unpaid balances will be considered delinquent after 60 days. If an account becomes past due with no valid reason, collection action will be taken to recover the balance due. Should financial problems arise, please contact our office as soon as possible.
- All medical forms from employers (medical leave, etc.), insurance companies, handicap placards, etc. will be filled out upon request at a charge of \$10 per page billed to you directly and due at time of pick up.
- For your convenience, we accept cash, checks, Visa, MasterCard & Discover.
- There is a \$25.00 service fee for all returned checks.
- If you miss, cancel or change your appointment with less than 24 hours notice, you will be charged a \$25.00 fee.

Thank you for understanding our Financial Policy. Please let us know if you have any questions.

*I have read the Financial Policy. I understand and agree to this Financial Policy.*

X \_\_\_\_\_  
Signature of Patient or Responsible Party

Date \_\_\_\_\_