

Triangle Foot and Ankle Specialist strive to render excellent medical care to you and to the rest of our patients.

OUR POLICIES ARE AS FOLLOWS

1. **PAYMENTS:** *When verifying benefits, it is never a guarantee of payment per your insurance company's disclaimer. You are responsible for all co-pays, deductibles, co-insurance amounts and non-covered services. The Patient/Guardian is aware that their insurance company may not make payment on a claim and that it will be the Patient's/Guardian's responsibility to do so.*
 - All Co-Pays are due at the time of today's appointment prior to seeing the doctor.
 - Account balances must be paid in full at the time of today's appointment prior to seeing the doctor.
 - Deductibles, Co-insurance and any additional charges will be collected at the time of check out. You are ultimately responsible for all payment of charges for services from our office.
 - It is your responsibility to provide accurate insurance information and to present your insurance ID card at the time of your visit.
 - If your plan requires a referral, it is your responsibility to obtain this prior to being seen.
 - It is our desire to help you as much as possible with claims that are submitted to your insurance company, you will be responsible for the payment.
 - We do not go back and submit claims to patient's insurance companies if at time of visit they had requested to be self-pay or if at the time of visit their insurance company states the service/product is non-covered.
 - Your visits will be coded based on documentation from your provider during the visit, which may not be covered by your insurance carrier at 100%. Diagnosis codes will not be changed in an attempt to reduce out of pocket expenses.
 - Returned check fee is \$25.00
 - The Patient will be responsible for all Attorney Fees, Legal Fees, and Court Costs if the account is turned over to collections.
 - If the Patient is a minor the Patient's Legal Guardian will be responsible for all Attorney Fees, Legal Fees, and Court Cost if the account is turned over to collections.
2. **CANCELLATIONS:**
 - When an appointment is scheduled, that time has been set-aside for you and when it is missed, that time cannot be used to treat another patient.
 - Cancellations for appointments and procedures must be received 24 hours prior to the scheduled appointment. You may leave a 24 hour cancellation message on the answering machine
 - Patients who fail to keep or cancel a scheduled appointment will be charged a \$25.00 No-Show / No-Call Fee. (We make reminder calls as a courtesy, but it is your responsibility to keep track of your appointment).
 - A \$250.00 deposit is required at time of scheduling a surgery. Once your account has been paid in full and if you are due a refund, one will be issued to you upon request within 30 days.
 - Patients who fail to keep or cancel a scheduled surgery less than 30 days before the scheduled surgery will not be refunded the \$250.00 surgery deposit, regardless of when the surgery was scheduled.
 - Cancellations for scheduled surgery must be received at least 72 hours prior to schedule surgery date and time.

3. **MEDICAL RECORDS:**

- Medical Records request must be received at least 48 hours prior to the date needed.
- There is a non-refundable fee of \$25.00 for requested copies of medical records.
- There is an additional non-refundable fee of \$25.00 for requested copies of X-rays.
- Copies of medical records fees and copies of x-rays fees are set in accordance with the State of North Carolina.
- WE DO NOT FAX MEDICAL RECORDS TO PATIENTS OR FAMILY.
- Fees must be paid prior to mailing or pick up of medical records.

4. **REFUNDS: (Pertain to Insurances Only)**

- An insurance company has Ninety Days to process your claim. Even after Ninety Days the insurance company may still be processing your claim.
- Once we have received confirmation and payment from your insurance company and the remaining balance on your account is paid in full, upon request a refund check will be issued to you within 30 days.

5. **RETURNS:**

- We do not accept returns for any reason on custom orthotics, over the counter orthotic inserts or medical products that have been made specifically for you or dispensed to you by the doctor in the office.
- We do not accept diabetic shoes or diabetic inserts for any reason. (See Authorization for Payment and Warranty form if dispensed diabetic shoes)
- HIPAA and NC Health Regulations prohibit the re-sale of these products.

6. **SUMMARY / Statements:**

- Your summary will be ready for pick at the end of your office visit. due to the fact the doctor must first chart your visit, which will be after he sees his patients for the day.
- If there is no balance on your account, you will not receive a statement.

Signature of Patient / Guardian

Date