

# REGIONAL FOOT AND ANKLE SPECIALISTS, LLC

Joseph A Mirarchi, DPM and Associates

## OUR FINANCIAL POLICY

Thank you for choosing Regional Foot and Ankle Specialists as your health care provider. The following is our Financial Policy. Our main concern is that you receive the proper optimal treatments required to restore your foot and ankle health. Therefore, if you have any questions or concerns about our payment policy; do not hesitate to speak to our billing department. Please read and sign our Financial Policy prior to any treatment.

We will be happy to bill your insurance company on your behalf. However, you must be prepared to take an active role in the payment of your bill. If we are experiencing difficulty receiving payment for service rendered, we may ask that you call your insurance company.

I hereby instruct and direct my Insurance Company to pay by check made out and mailed to Regional Foot and Ankle Specialists, LLC, 188 Fries Mill Rd. Suite F-1, Turnersville, NJ 08012.

In special instances we may accept assignments of insurance benefits. However, you must understand that:

- Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company.
- All charges are your responsibility, whether or not your insurance company pays. Not all services are covered benefits in all contracts.
- It is your responsibility to determine whether Regional Foot and Ankle Specialists, LLC is participating with or an in-network provider of your insurance carrier.
- Fees for these services, along with co-payments, previously billed unpaid deductibles and co-insurance are due at the time of treatment. We accept cash and check. Please make check for co-pays payable to Regional Foot and Ankle Specialist.
- Returned checks: A \$25.00 returned check fee will be charged to you. At that point we will no longer accept payment in the form of a check. Payment must be made in cash or money order.
- Due to our high volume of patient appointments, the staff is unable to make phone calls to remind you of your next appointment. Kindly accept an appointment card from our front desk staff.
- A \$25 "No Show Fee" will be charged to you for a "No Show" appointment. This fee can be avoided by contacting the office to cancel your appointment prior to your appointment time.
- I authorize the release of my medical information to the Health Care Administrator and/or any other insurance carrier, attorney, and/or their agents that may be necessary to determine benefits payable for my health care related services.
- All invoices referred for collection to an outside agency will be subject to the cost of collection and reasonable attorney fees.
- You have access to your health records. There will be a minimal copying fee depending on the length of the record.
- There is an administrative fee of \$10.00 per form for completion, and a \$20.00 fee per letter for special dictations.

Thank you for choosing Regional Foot and Ankle Specialists, LLC. We appreciate your trust, as well as the opportunity to serve you.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_