

Harford Lower Extremity Specialists

437 South Main Street, Bel Air, Maryland 21014

Phone: 410-836-0131 Fax: 410-836-8594

www.hlsfootcare.com

Financial Policy

The responsibility of providing complete and accurate insurance information to our office staff belongs to you, the patient. **Your insurance policy is a contract between you and your insurance company.** Please bring your insurance card with you at each visit. As a courtesy, we will gladly submit a claim to your insurer. You must inform the office of all insurance changes and authorization and referral requirements. In the event the office is not informed, you will be responsible for any charges denied. If your insurance company does not pay the practice within a reasonable period, (30-45 days per federal law) we will have to look to you for payment and/or assistance with your insurance company.

If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, all charges for your care and treatment are due at the time of service.

All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be “not covered”, or you do not have authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services; however, you remain responsible for charges of any service rendered. Patients are encouraged to contact their insurance companies for clarification of benefits prior to services rendered.

If you are uninsured, payment is expected in full on the day of your visit.

Co-Pays, Deductibles, and Co-Insurance

Legally, we cannot waive co-pays, deductibles or co-insurance amounts. Contractually, your insurance company requires us to collect the portion for which you are liable at the time services are rendered. Payment made at the time of service allows us to keep administrative costs to a minimum. Overpayments are promptly refunded; however, **CREDIT CARD REFUNDS MUST BE IN PERSON.** As a courtesy, one billing cycle will be permitted to generate a statement of your account.

Medicare

Under the Medicare program, there are some services that are not covered. You will be asked to pay for these services at the time they are rendered.

In some cases, we will ask you to make a decision to receive covered services that we expect may be denied by Medicare. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. The physician will explain why (s) he feels you should receive the service. This will be done in writing on a form called an Advance Beneficiary Notice (ABN). The ABN will also provide you the opportunity to agree or refuse the services. It also explains that we will not know if the service is denied until Medicare processes the actual claim.

If you have any questions, either our staff or your Medicare representative will be happy to assist you.

** Payment is due upon receipt of FIRST invoice**

We accept the following forms of payment:

- Cash
- Check – **You agree that in the event your check is returned, we are authorized to electronically re-present the check to your bank for collection, plus any fees as permitted by law by Re\$ubmiIt**
- Money Order
- Visa
- MasterCard
- Discover
- Online bill pay via our secure website

*****PLEASE NOTE REGARDLESS OF METHOD OF PAYMENT, CUSTOM MADE DEVICES OR OVER THE COUNTER PRODUCTS ARE NOT REIMBURSABLE*****

Payment Plans

Payment plans are available under certain circumstances; however, advance notice and pre-approval is required to create payment coupons and avoid statement fees. Pre-approval for automatic credit card payments done by the office is available for your convenience. Please contact our billing office in writing to **Info@hlsfootcare.com** for more information.

Past Due Accounts

Every attempt will be made, including the services of a collection agency to collect past due accounts. If it is necessary to utilize a collection agency, you will be assessed the fee for such service up to 35% of total amount owed plus any legal fees. ***Past due accounts are transferred to the collection agency after 60-days.***

Missed Appointments

We understand your time is valuable, so we will make every effort to be on time. Our time is also valuable so we expect you to keep your appointment. If you are unable to keep your appointment, we require a 24-hour notice. **Any cancellation without 24-hours' notice and any missed appointment will result in a charge of \$75 for new appointments and \$50 for return appointments.**

Medical Records

Authorized written requests for copies of medical records will be honored. Our fees are in accordance with Maryland State Law. Please allow 7-10 business days for processing.

Forms Completion

Payment for the completion of forms (disability forms, etc.) must be made at the time of service. The fees are as follows:

Simple/Single page forms: \$10 (each form)

Complex/Multi-Page Forms \$25 (set fee)

Please allow 7-10 business days for completion of forms.

Billing Office – Questions and Concerns

There is usually a 3-5 business day delay in receipt of your insurance information after you have received your copy.

Therefore an instant response to billing questions is unreasonable. Our preferred method of resolving billing questions is in writing via email at **info@hlsfootcare.com**. Please attach any supporting documents. We can be reached Monday through Friday, 9:00am – 12:00pm and 2:00pm – 5:00pm at 410-836-0131, to assist you with account inquiries and the resolution of billing issues. **We will try to answer all questions promptly, however, please allow 3 to 5 business days for a response to all billing inquiries.**

Please note: Harford Lower Extremity Specialists has no ownership rights or financial incentives regarding any referrals or consultation requests made. In event that such a relationship is established, full disclosure will be included here. Please note, the ambulatory surgical center for all on site podiatric surgeries is solely owned by Howard L. Schultheiss, Jr., D.P.M.

I have received a copy of the Financial Policy. I further understand that my signature signifies that I accept the terms as set forth in this program.

Signature: _____

Date: _____