Patient Financial Responsibility Policy

Thank you for choosing Nigro Ankle and Foot Care for your health care needs. We are committed to providing you with the highest quality care. Every patient must be thoroughly informed of their treatment options and the financial obligations for a particular service. Please carefully read and then sign this form to acknowledge your understanding of your financial obligations related to your treatment. If you should have any questions regarding our financial policies, please ask our before signing this document.

The following is our payment policy, which we require you to read and sign prior to your visit(s).

The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for his/her treatment and care.

To ensure that we have accurate information to process your claim, we will make a copy of your insurance identification card at the time of your appointment.

You are required to inform us immediately of any changes in demographic information or insurance information. Patients without insurance are required to pay in full at the time of service.

Participating Plans: You must present your insurance card, and if applicable, your insurance referral form, at every visit. We will submit your medical claim directly to your insurance company for payment on your behalf. Full payment at the time of service is expected for all patients without insurance or those covered under plans which we do not participate in.

Non-Covered Services: If your provider does not participate in your insurance plan or your services are not covered by your insurance plan, you are responsible for payment of all charges at the time of service.

Copayments or Deductibles: **All co-pays, deductibles, and non-covered services will be collected at the time of service.**

Cancellations and Missed appointments: Our Policy is to charge for missed appointments not canceled within 24 hours. These charges will be your responsibility and billed directly to you.

Late Charges: We may assess a late charge of 25% annually, which will be applied to all patient balances over 90 days old or greater.

Returned Checks: Will incur a $25 service charge.

Nonpayment: Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, and you and your immediate family members may be discharged from this practice.

Payment: For your convenience, the following payment methods are accepted cash, personal check, Visa, MasterCard, American Express, and Discover

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I authorize payments to be made directly to the Nigro Ankle and Foot Care and fully understand that I am the responsible party for all charges incurred by me or my dependents at this facility. I also authorize the release of any and all information required to collect and process my medical insurance claims. I have read the "Financial Policy"; I understand and agree with it. By my signature below, I hereby authorize the assignment of financial benefits directly to Nigro Ankle and Foot Care or services rendered as allowable under standard third-party contracts. I understand that I am financially responsible for charges not covered by this assignment.

I have read, understand, and agree to the provisions of this Patient Financial Responsibility Policy:

_____
Print Name of Patient or Responsible Party

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Signature of Patient or Responsible Party

Today's Date: _____