NEW MEXICO Foot & Ankle INSTITUTE

Financial Policy

- As a courtesy to our valued patients that have insurance plans, our office will file insurance claims for reimbursement for all rendered services. ***Actual benefit payments are determined only when the claim is processed by your insurance company. Therefore, it is the insurance company that makes the final determination of benefits. If the insurance payment does not fully reimburse for the treatment rendered, the financially responsible person is responsible for the remainder of the balance.***
- **Co-payments**: Your insurance company requires co-payments to be paid in full at the time of service. Because this is an insurance requirement, we cannot bill you for these.
- **No Insurance (Self-Pay):** New Mexico Foot & Ankle Institute requires payment in full at the time of service. The charges will depend on the severity of your health problems.
- **Referrals:** If your insurance company requires a referral it is **YOUR** responsibility to obtain the referral. Failure to obtain the referral and/or prior authorization for treatment may result in a lower payment or denial from the insurance company.
- **Returned Checks:** There will be a $25.00 fee for any returned checks (insufficient funds).
- **Forms/Documents/Copies:** It is our policy to charge a minimum of $10.00 for completion of all forms, such as disability applications, and copies of all medical records.
- **Worker Compensation:** We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.
- **Missed appointment Fee:** Any patient who does not show up for an appointment, or cancels with less than 24 hours notice will be subject to a $30.00 charge after the 2nd occurrence. This fee must be paid before a new appointment is scheduled. Patients with *THREE* missed appointments will be asked to transfer their records to another doctor.
- **Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, and any payments or credits applied to your account during the month. A $10 rebilling fee will be assigned for any accounts over 60 days without payment or payment arrangements.
- **Payments:** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the due date on your statement. We are always willing to work out a payment plan if needed.
- **Past Due Accounts:** If necessary a collection agency will be employed to collect overdue accounts and the collection fee will be charged to the patient's account. Consequently, credit agencies will be notified of delinquent accounts. You understand that if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record and you consent to such disclosure.

I, as the patient, financially responsible person and/or guardian for this account, certify that I have read, understood, and agreed to this financial policy.

Signature Date Patient's Name (printed)

Responsible Party Info:
Please complete ONLY if the responsible for payment is NOT the Patient or Insurance Policy holder

Responsible Party Name (Last/ First): _____

Relationship to patient: _____

Responsible Party Address: _____ **SS#:** _____