

San Francisco Foot and Ankle Center

Novato Foot and Ankle Center

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FINANCIAL POLICY

The following is a statement and information regarding our financial policy. We ask that you read and sign this form prior to any treatment.

- **Co-payments:** All co-payments are due and payable at the time of the service. Co-payment amounts are set by the insurance company and in accordance with the legal requirements we are prohibited in writing off patient responsibility amounts.
- **Deductible and Co-insurance:** All deductibles and co-insurance amounts as indicated by your insurance are due and payable upon receipt of Explanation of Benefits from your Insurance and statements from us. We are prohibited in writing off patient responsibility amounts.
- **Non-covered Supplies and Procedures:** All supplies and procedures that are not covered under your insurance policy are payable at the time the supply is dispensed or your procedure is performed. We will do our best to verify coverage for supplies and procedures prior to rendering the service. However, there are many insurance plans that mis-quote benefits or prohibit us from obtaining this information easily. It is ultimately your responsibility to verify if a supply or procedure is a covered benefit of your plan.
- **Insurance coverage:** You are responsible for providing our office with up to date and accurate insurance information. Failure to provide our office with current accurate information may result in denied claims, and direct billing to you. It is your responsibility to be familiar with your plan, your benefits, coverage and referral requirements. Your insurance coverage and benefits are a contract between you and your insurance company.
- **Uninsured Patients/Patients Seeking out of Network Physicians:** You will be asked to pay the full amount at the time of the visit/procedure. We will not carry balances or accept payment plans.
- **Referrals:** Patients who have insurance plans that require a referral from their Primary Care Physician (PCP) to see a specialist (us) must do so prior to any appointment (HMO, Partnership, Tricare, etc.). Our office cannot obtain a referral from your PCP. Furthermore, we must abide by visit counts, expiration dates, etc. If you change insurance or change primary care physicians, you will likely need a new referral to continue seeing us.
- **Authorizations:** Our office will obtain authorizations when necessary for covered, medically necessary supplies and procedures if you have a plan that requires such authorization.
- **No Show/Missed Appointments:** We understand that everyone has unforeseen circumstances and emergencies. We kindly ask that you provide us 24 hours' notice if you will miss an appointment. If you fail to notify us within 24 hours the following charges may be added to your account:
 - **\$50** – office visit cancelled less than 24 hours prior to scheduled date/time
 - **\$200** – surgeries cancelled less than 24 hours prior to scheduled date/time

I have read, understand and agree to the financial policy of San Francisco Foot and Ankle Center and Novato Foot and Ankle Center.

Patient Name Printed

Signature of Patient (or Parent if minor)

Date