

FINANCIAL POLICY



Optima Foot and Ankle's financial policy requires payment in full or insurance assignment from all patients. Our new financial policy states that we not carry open accounts on our books for more than 6 months. Patients should contact their health insurance carrier for determination of benefits at Optima Foot and Ankle prior to their date of service. For further information, please call our business office at 541-383-3668.

Monthly Statement: As a courtesy, Optima Foot and Ankle will bill your insurance. After an Explanation of Benefits and/or payment have been received, you will be sent a statement. It will show separately the previous balance, if any, any payments or credits applied to your account during the month, and any new charges to the account. Optima Foot and Ankle will charge a 9% monthly interest rate on all unpaid patient balances.

Payments: The balance due on your statement is due and payable upon receipt of the statement, and is past due if not paid by the end of the month.

Required Payments: Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement, Optima Foot and Ankle cannot waive or discount co-payments and co-insurance amounts.

Payment options if you have no insurance: Cash, Check, VISA, MasterCard and Care Credit are accepted. If unable to pay in full at the time of service, Optima Foot and Ankle requires 50% down and a maximum of six monthly payments for the remaining balance. Other payment arrangements must be made prior to your procedure with our business office at 541-383-3668 and a payment agreement will need to be completed and signed by the responsible party.

Payment options if you have insurance: As a courtesy we will bill your primary and, if applicable, your secondary insurance. However, we cannot accept responsibility for collecting an insurance claim after 90 days or for a disputed claim. Payment in full is due upon receipt of the first monthly statement. If payment in full is not possible, payment of the remaining balance must be made in a maximum of six (6) monthly payments. Cash, Check, VISA, MasterCard and Care Credit are accepted.

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Past due accounts: If your account becomes past due, Optima Foot and Ankle will take necessary steps to collect this debt. If Optima Foot and Ankle has to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred, including a \$25 fee for collections referral. Once your account has been turned over to an outside collection service, Optima Foot and Ankle no longer owns the account. All communications regarding the account must be made with the collection agency.

Returned checks: A fee of \$25.00 will be imposed for any checks returned by the bank.

Divorce: In the case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges, unless otherwise stated. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Workers compensation: Optima Foot and Ankle requires 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.

BY SIGNING, I AGREE THAT I HAVE REVIEWED AND UNDERSTAND THE INFORMATION ABOVE AND THAT I HAVE RECEIVED A COPY OF THE FINANCIAL POLICY.

Signature _____ Date _____