

**Carolina Foot & Ankle Specialists, PA**  
**2391 Court Drive, Suite 100**  
**Gastonia, North Carolina 28054**  
**704-867-7388**

## **Financial Policy**

This financial policy contains important information about billing and payment for our professional services. It outlines our responsibilities and yours.

- Payment for professional services can be made by cash, check, credit card or debit card. We accept VISA®, MasterCard®, American Express® and Discover Card®.
- We now accept “CareCredit”. This payment option is designed especially for healthcare financing and is available (upon approval of credit) to patients with unexpected medical expenses, surgical expenses, etc. Call our office or ask one of our office representatives for details.
- Please note that we no longer bill patients for unpaid balances e.g.: co-pays, coinsurance, deductible amounts, etc. One of the above payment options must be selected.
- Our practice participates with most health insurance companies and managed care programs. We participate with both Medicare and Medicaid. Our business office will submit a claim for any services rendered to you if you are a member of one of these plans.
- You must provide all necessary insurance information and complete any required forms before leaving the office. Your current insurance card (s) will be copied at each and every visit.
- It is your responsibility to make payment at the time of service for any and all co-payment or co-insurance amounts that are due. Any services not covered by your insurance plan are your responsibility and payment in full is expected at the time of service (one of the above payment options must be selected). Failure to make a co-payment on the day of service is putting you in jeopardy of breaking your contract with your insurance company.
- It is your responsibility to ensure that any required authorization or referral for treatment is obtained **prior to the visit**. In the absence of a required authorization or referral, your visit may be rescheduled or you may be personally responsible for payment for the services rendered.
- If you are a member of an insurance plan with which we do not participate, our office will file the claim on your behalf; however, you will be expected to make payment in full at the time of the service.
- Carolina Foot & Ankle Specialists, PA makes every effort to verify benefits prior to each visit. We attempt to confirm the deductible you have paid and what is still outstanding to the date of the visit. However, it is your ultimate responsibility to understand any benefit limitations, restrictions or authorization requirements of your particular plan. Insurance plans rarely cover all services or pay the entire amount of those they do cover.

### **Medicare**

Carolina Foot & Ankle Specialists, PA participates with Medicare; however Medicare pays only a portion of your bill. Unless you have secondary or supplemental insurance coverage in addition to Medicare you will be expected to pay your portion (20%) of Medicare’s allowable charge, any remaining portion of your annual deductible, 100% of any non-covered services and any goods dispensed at the time of service. If you are eligible for Medicare but it is not your primary insurance coverage, please inform the receptionist when you arrive for your appointment.

### **Returned Check Policy**

In the event of a returned check there will be a \$25.00 fee charged to your account for the processing of the returned check.

### **Discount For Patients without Insurance or Reduced Insurance Coverage**

In an effort to make our services more accessible, we offer patients without insurance or with reduced insurance coverage, a discount subject to the following conditions:

1. Carolina Foot & Ankle Specialists, PA does not file an insurance claim for such services
2. You do not file an insurance claim for such services
3. We receive payment in full at the time services are provided

### **X-Rays**

X-rays taken in this office are part of your permanent record and are the property of Carolina Foot & Ankle Specialists, PA. Copies of original X-rays may be obtained with a 24 hour prior notice for a fee. These copies are available for pick-up only and a release form must be signed by you or a responsible party that you have designated.

### **Financial Hardship**

In the event of personal financial hardship, Carolina Foot & Ankle Specialists, PA is able to offer “Care Credit” which is a repayment program that allows you to pay over time for services rendered at our office (please request a brochure or ask one of our representatives for more details about “CareCredit”).

### **Cancellation or No-Show Policy**

Please understand that when you do not cancel an appointment you are unable to keep, it may prevent other patients from receiving care they need. Therefore, we charge a \$25.00 fee for appointments not cancelled within 24 hours. A patient who fails to keep three or more appointments in a twelve-month period – without prior notice of cancellation- may be subject to discharge from Carolina Foot & Ankle Specialists, P.A.

### **“CareCredit” Patient Payment Plans Program**

“CareCredit” offers 2 plans: ▪ Plan 1 is a “No Interest” payment plan. This plan offers 3, 6 and 12 months to pay with no interest as long as the balance is paid in full before the promotional period. If the balance is not paid in full by the end of the promotional period, you will be responsible for interest that has accrued since the account was opened. ▪ Plan 2 is an “Extended Payment” plan. This plan offers 24, 36, 48, 60 and 84 months to pay with a fixed interest rate at 11.90%. \*\*The patient must have a balance of \$1000.00 or more to apply for Plan 2. More details and brochures about the “CareCredit” Patient Payment Plans are available at our office. These plans allow our patients to start medically necessary treatment today and spread payments out over a period of time.

**To sum up, you will be expected to pay for the following or have applied for and been approved for “CareCredit” at the time of service:**

- All co-pays, deductibles and any co-insurance amounts not covered by a primary or secondary insurance policy.
- The entire amount of any services provided if we do not participate with your insurance plan (you are responsible for verifying if we participate in your insurance network)
- The entire amount of any non-covered services. You may be asked to sign a waiver prior to receiving services if we anticipate any services provided may not be covered by your insurance plan.
- The entire amount for services provided if we have not yet received a required authorization from your primary care physician, insurance company or employer.