

Practice Policy

CANCELLATION AND LATE VISIT POLICY:

As a courtesy to our other patients, if you are not on time for your appointment it may be necessary to reschedule. We require a 24 hour notice of cancellation. Failure to notify the office will result in a \$50.00 fee. This charge cannot be billed to your insurance carrier and will be your responsibility for payment. If cancellation or failure to show for your scheduled appointment becomes a repetitive problem we may terminate the doctor-patient relationship and refer you to another provider.

UNINSURED PATIENT AND MOTOR VEHICLE ACCIDENT POLICY:

If you do not have health insurance or are being seen as a result of a motor vehicle accident, you will be required to deposit \$150.00 upon arrival to our office for your initial visit and \$75.00 for follow-up visits. Deposits will be offset against balance of charges.

RECORDS AND FORM COMPLETION REQUESTS:

If you request our office to fill out documents, please allow 7-10 working days for this to be completed. Original patient charts and x-rays are the property of the practice and required to remain on-site. Copies will be processed within 7-10 working days and a fee will be charged.

PRESCRIPTION MEDICATIONS:

The providers will only prescribe narcotic pain medication for acute trauma and/or during the immediate period after surgery. If your pain is chronic you will be referred to a pain management specialist. Please allow 48-72 business hours for medication refills. Have your pharmacy electronically notify the office with the medication refill request. No medication refills will occur on weekends or after office hours.

MEDICAL EMERGENCY:

Call 911 or proceed to the nearest emergency room.

HEALTH INSURANCE POLICY:

To accommodate the needs and requests of our patients, we participate with certain insurance plans. We are pleased to be able to provide this service to you, yet it is very difficult for us to keep track of all the individual requirements of each plan as they change from time to time. It is ultimately your responsibility to check with your insurance to understand the contract and coverage. Each plan has different restrictions regarding how often services may be rendered or where you should obtain those services. You must have a referral to our facility with all managed care plans. Each authorization will specify the number of visits and expiration date. The patient is responsible for knowing when this authorization expires. Providing the highest quality of care for our patients is our primary concern. We are more than willing to provide care within your insurance plan guidelines whenever possible. As a surgeon's office, at your request, we will contact your insurance carrier for pre-authorization of surgical procedures. To be sure there are no surprises, please check with your insurance regarding benefits. If you do not inform our billing office of special requirements by you insurance plan and we perform a non covered service, it will be your financial responsibility. All Medicaid patients will need a Healthy Connections referral from their PCP prior to their first appointment.

FINANCIAL POLICY:

- Payment in full is due at time of service unless prior arrangements have been made.
- Any and all co-payments are due prior to any services being rendered. Until co-payments are received, patient will not be seen by the physician.
- If we are a participating provider with your primary health insurance carrier, we will file a claim on our behalf. However, once the insurance company is billed we allow 60 days for the balance to be paid by your insurance carrier. If the insurance carrier does not remit payment within 60 days, the balance will be due in full from you. If any overpayment occurs, you will receive a refund within 30 to 60 days.
- HMO / PPO claim denials due to no referral or authorization, are the patient’s responsibility. Office staff will assist you in referral / pre-certification procedures, but final responsibility lies with the patient to comply with their specific insurance carriers requirements. All referrals must be presented to our office prior to seeing the doctor.
- Please inform the staff of change of address and insurance carrier.
- There is a \$35.00 charge for all returned checks.
- All unpaid balances are subject to 1.5% monthly interest (18% annually) or a minimum \$6.00 service charge, whichever is less, after 60 days from the date of service.
- Please be on time for your appointment. If you need to reschedule your appointment, please call our office 24 hours in advance. There will be a \$50.00 charge for appointments missed without a 24 hour notice.
- If your account must be forwarded to a collection agency and or an attorney because of non-payment, you will be responsible for all collection fees and/or attorneys’ fees and associated costs.

ASSIGNMENT OF BENEFITS

I, the undersigned do hereby certify that I (or my dependant) have insurance coverage with:

And do assign directly to **Blackmer Foot & Ankle Group, PA** and dba **South Idaho Foot and Ankle** all insurance benefits, payable to me for the services rendered. I also understand that I am responsible for payment of any and all deductibles, co-payments, and/or for any other non-covered services. I so hereby authorize Blackmer Foot & Ankle Group, PA to release all information necessary to secure payment of benefits. I authorize release of medical information to my insurance carrier, or requested physician to provide continuity of care. I authorize the use of this signature on all insurance submissions.

By my signature I acknowledge receipt of a copy of this policy and hereby agree to its terms.

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____