

CONNECTICUT FOOT CARE CENTERS, L.L.C.

PATIENT AGREEMENT

CURRENT INSURANCE CARD/PHOTO ID: ALL Patients must present a current insurance card **and** a valid photo identification card (state issued driver's license or identification card) to be scanned into the patient medical record. If the patient being treated is a minor the parent or guardian financially responsible must present their insurance card and photo identification. ***If a valid insurance card is not presented before your visit, payment is due in full when the service is provided.***

APPOINTMENTS: 24 hours notice must be provided in the event you cannot keep an appointment. Should you not provide this notice, a cancellation fee may then be added to your account. The fee charged for missing an office visit is \$60 and the fee for missing an orthotic casting or surgical appointment is \$75. This fee is not covered by insurance and will be billed directly to the patient or guarantor. Please note that you may contact any of our six locations to cancel an appointment.

REFERRALS: If your insurance plan requires a referral from your primary care physician, it is your responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral you will be required to pay for your visit or reschedule your appointment once a referral can be obtained.

PAYMENT POLICIES

Your insurance policy is a contract between you and your insurance company. We are not responsible for, or in control of what services your insurance company will pay for or the amount your insurance company will reimburse for services rendered.

CO-PAYMENTS: By contract, we must collect your insurance carrier designated specialist co-pay. This payment is due at the time of service. Please be prepared to pay the co-pay at each visit. If you do not pay and we have to bill you for the co-pay, there will be a \$5 administrative fee for statement processing added to your account.

CO-INSURANCE AND DEDUCTIBLES: You are responsible for the payment of any amount that your insurance carrier deems to be co-insurance or deductible. Due to our contractual obligations with your insurance company, we are not able to write off either co-insurance or deductibles.

HIGH DEDUCTIBLE POLICIES: If your insurance policy carries a high deductible which has not been met for the current year, you will be expected to pay your estimated allowable charges at the time of your visit. If you are undergoing a major surgical procedure, 50% of the estimated allowable amount will be due prior to surgery and the remaining balance will be due upon claim finalization.

ACCOUNT BALANCES: All balances billed to you are due upon receipt. If you choose to delay payment you will incur billing charges. Accounts that are 90 days past due will be turned over to a collection agency or small claims court. All fees associated with the collection of the debt will be added to the outstanding amount and will be your responsibility. **Delinquent accounts are reported to the major credit bureaus by the collection agency.** If you establish a payment plan we will keep a record of your credit card on file and you authorize Connecticut Foot Care Centers to bill your credit card in the event that you do not make your payment by the agreed upon terms.

DURABLE MEDICAL DEVICES: When appropriate we will submit a bill to your insurance carrier for items such as cast boots, braces, splints and orthotics. You acknowledge that in the event your carrier does not cover those items, you are responsible for payment.

PATIENT RESPONSIBLE CHARGES: If you do not have insurance coverage or you are purchasing non-covered services or items, payment is due in full at the time of service. Payment may be made by cash or credit card. We accept Visa, Master Card and Discover.

NSF CHARGE: \$35 will be charged if a personal check is returned due to "insufficient funds" and a different form of payment will be expected for past balances and future services rendered.

DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS: The parent who brings the minor child to the physician is responsible for payment of services rendered. Connecticut Foot Care Centers, L.L.C. will not be involved with separation or divorce disputes.

Name: _____ Signature: _____ Date: _____