

## FINANCIAL POLICY



Stacy L. Witfill DPM/Dunnellon Podiatry Center, P.A. believes that part of good healthcare practice is to establish and communicate a financial policy to our patients. WE are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy. If you do not understand any of the following or need further clarification please ask the receptionist at the front desk!!

**PAYMENT** is expected on the date of your visit. We will accept cash, check, credit card or care credit. Payment will include any unmet deductible, co-insurance, co-payment amount or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently a pre-existing condition clause, payment in full is expected at the time of your visit. We do ask for a copy of an ID card or license due to many cases of identity theft in the news lately. (Please do not be offended!) Although we do our best to determine your patient responsibility payment/cost at the time of your visit there are instances where erroneous information is provided by your insurance company and your patient responsibility may be higher or lower than what is collected at the time of your visit. In the event of an overpayment a refund will be sent to you. In the event of an underpayment you will receive a bill.

**INSURANCE** We are participating providers with several insurance plans. We will file all of these insurance claims. A list of these of these insurance plans is available upon request. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

If Dr. Stacy Witfill DPM is not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan with which we have no prior arrangement, we will prepare and send the claim in for you on an assigned basis. This means the insurer may send the payment directly to you and therefore, our charges for you are due at the time of service. Due to the many different insurance products out there, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment. Many websites have erroneous information and are not a guarantee of coverage. You are responsible for obtaining a properly dated referral if required by your insurer and responsible for payment if your claim rejects for the lack of one. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible the complete charge. Payment is due upon receipt of a statement from our office.

**LATE CHARGES** of 12% will be applied to all patient balances 90 days old or greater.

**RETURNED CHECKS** will incur a \$35.00 service charge. You will be asked to bring cash, certified funds or a money order to cover the amount of the check plus \$35.00 service charge to pay the balance prior to receiving services from our staff or physician.

**COLLECTION FEES:** I understand that in the event my account is placed in collection status, any additional fees incurred due to this, will be added to my outstanding balance. This includes but is not limited to late fees, collection agency fees, court costs, interest and fines. I understand that these additional fees will be my responsibility to pay in full.

**I have read and understand the practice's financial policy and I agree to be bound by its terms.**

**I also understand and agree that such terms may be amended by the practice from time to time.**

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PLEASE PRINT THE NAME OF PATIENT

DATE

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PATIENT SIGNATURE (OR GUARANTOR)

DATE