

Adler Podiatry Clinic, PLLC.
3636 University Boulevard S., Bldg C
Jacksonville, FL 32216

FINANCIAL POLICY

Thank you for choosing us as your podiatrist. We are committed to the success of your treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read prior to any treatment.

All patients must complete our Registration and history forms before seeing the doctor. You must supply us with your insurance card, social security number and driver's license prior to your visit.

Any insurance information given to our office incorrectly will result in a charge of \$10.00 per claim billed out with the incorrect information. This fee is not covered by insurance nor is it able to be waived for any circumstances. This fee will cover our cost to resubmit the claim to the correct insurance company for you. It is very important that you provide us with the correct insurance information at the time of services.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE
WE ACCEPT CASH, CHECKS OR VISA / MASTERCARD / DISCOVER / AMEX**

Regarding Insurance

Regarding insurance plans where we are a participating provider: Although we have contracted with the insurance company to provide care to their clients, your insurance policy is a contract between you and your insurance company. All co-pays and deductibles are due prior to treatment, along with a valid referral from your primary care provider, if your insurance plan requires it. Please note that if you require treatment that is not deemed medically necessary or is not a covered service with your insurance carrier, you will be responsible for payment in full prior to that treatment. In the event that your insurance coverage changes to a plan where we are not participating providers, you will be responsible for payment in full at time of service.

Certain procedures such as x-rays and/or ultrasounds are necessary for the evaluation or management of your condition. These procedures may or may not be covered under your office visit co-pay. Some insurance companies apply these charges toward your deductible and in some instances these services have separate co-pays. You will be responsible for these additional charges.

Regarding insurance plans where we are not participating providers: You are responsible for payment of your office visits in full.

REMINDER: We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

If your insurance company has not paid your account in full within 45 days., you will be responsible for payment within 30 days upon receipt of the bill. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under Medicare Program and/or other medical insurance. You are responsible for these charges.

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Surgery

We will ask you to pay 100% of any outstanding deductible and co-insurance prior to surgery. This is due no later than 5 business days prior to your surgery. For any differences in amount collected and amount owed you will be responsible for the balance within 3 months after surgery but monthly payments must be made toward the balance to keep your account current. Please contact the office if you are due a refund. We will make every effort to return any refund to you 7-10 days after you have requested a refund.

Usual and Customary Charges

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. You will be responsible for payment if your insurance carrier authorizes and certifies care but fails to pay as agreed upon.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment.

Collections

You may be dismissed from the practice if you fail to meet your financial responsibilities and/or we must use a collection agency to bring your account up-to-date. If it is necessary to turn the account over to collections and you wish to return to the practice, you will be responsible for all charges, including those incurred to collect the amount owed, i.e. collections agent's fees. Your account must be paid in full before you are able to return to the office.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate listed below:

\$35.00 office visit

Must be canceled at least 5 business days prior:

\$50.00 Vein Scan

\$125.00 Vein Procedures

\$200.00 Surgical Procedure

These charges are **not** covered by insurance. Please help us serve you better by keeping scheduled appointments.

Returned checks

If your bank returns your unpaid check for any reason, such as insufficient funds or closed account, you will be charged \$40.00. Payment must be made by; cash or credit card prior to your return to the office and we will not accept any more personal checks. Failure to pay the non-sufficient fees within 3 business days will result in you being turned into the state attorney's office.