



Financial Policy / Assignment of Benefits & Payments

It is always good policy to understand and agree with the financial policy of an office. We appreciate having you as our patient and strive to provide you with the best care possible. Misunderstandings regarding insurance coverage and financial policy make it uncomfortable for everyone. If you ever have any questions or wish to discuss your account with us, please do not hesitate. Your signature indicates your understanding and agreement to the following policies:

Assignment of Benefits and Payments

I authorize payment for services rendered to me or my dependents to be paid directly to Debra E Young, DPM, PC from my insurance company, my attorney, or any other party who may become obligated to pay Dr. Young any sums. I further authorize the endorsement of my name to any draft containing my name to which Dr. Young is legally entitled.

Pre-authorization by your insurance company: If my insurance plan requires a pre-authorization from my primary physician, I, as the insured party, am responsible for obtaining the pre-certification number prior to my appointment. If this has not been done, I will be asked to pay for my visit or will be asked to reschedule my appointment until this required information is obtained. Of course, I have a right to pay for medical services that are not determined to be coverable by my insurance company.

Financial Responsibility

Commercial insurance is filed as a courtesy to the patient, and managed care insurance is filed with the contracted carrier. I understand that I will be held financially responsible for any balances incurred in this office as well as for any charges that are not paid by my insurance company, including, but not limited to, co-pays, deductibles, co-insurance and services or charges not paid by insurance for any reason, after consideration of contractual adjustments.

Balances unpaid 90 days after services are rendered will be considered delinquent and become my responsibility. A late payment charge of **1 ½ percent per month** will be added to my account if payment is not made within 90 days. The late payment charge will be billed each month until those charges are paid (**at the rate of 18 percent per year**) and will appear separately on my regular statement.

Outstanding balance: In the event that my account goes into default and your office turns it over to an outside collections agency/attorney for collections, it is accepted and agreed that thirty percent (30%) of the principal amount of the balance due will be added as collection/attorney fees. It is also agreed and accepted that in the event that a lawsuit is filed, I will be liable for any and all court costs expended whether judgment has been entered or not.

Non-sufficient funds or closed accounts: For this, there will be a \$30.00 service charge. I realize that your bank charges you for my NSF check and my bank will charge you for the check as well. I will let you know if I need to make payments over time. I understand that your office will definitely make arrangements with me.

Missed appointment charges: Missed appointments mean that not only were my feet not treated but someone else could have been seen and helped. If I fail to cancel an appointment at least 24 hours prior to my appointment, or if I miss the appointment completely, **I understand there will be a \$25.00 charge.** I understand the payment for this charge will be collected at the time of my next appointment, unless I pay the amount beforehand.

Returned products: I understand that insoles and other products may be returned within 1 week for refund providing they are in "as-new" condition. That means the insoles have not been worn and the products have not been opened and used at all. They must be able to be given to other patients. Custom insoles, orthotics and braces are not refundable. Adjustments are included providing I am a current ongoing patient (in other words, not if I haven't been in for a long time).

Signature

Date