

OFFICE AND FINANCIAL POLICIES

DR. ROBERT E NEVILLE & ASSOCIATES, P.A.
MEDICAL AND SURGICAL SPECIALIST OF THE FOOT AND ANKLE

Welcome and thank you for choosing Dr. Robert E. Neville & Associates for your foot health concerns. We are committed to providing you with the highest quality medical care in an efficient, timely, and effective manner. We hope that providing you with our policies in advance, we can prevent any misunderstanding or frustration at the time of your visit.

Insurance: It is your responsibility to confirm with your insurance company that the physician is currently under contract with your plan. If your plan requires that you have a referral prior to seeing a specialist, please contact your primary physician so that you have the referral in hand prior to your appointment. We do not accept a faxed referral-if we do not have a referral at your appointment time, we will need to reschedule your visit, unless you choose to be seen without using your insurance benefits and pay for your visit in full. If your insurance should happen to change, we require that you notify our office 24 hours prior to your appointment time.

It is your responsibility to know the benefit coverage for specialist visits. We will gladly file your insurance claim on your behalf. We allow 45 days from the date the claim is filed for the insurance company to pay. If your carrier does NOT pay within this time, you could be responsible for the entire balance. We will not become involved in disputes between you and your insurance company regarding coverage and/or policy benefit criteria (ie: deductibles, non-covered services, co-insurance, coordination of benefits, pre-existing conditions or reasonable and customary changes, etc) other than to supply factual information when necessary. You are responsible for deductibles, co-insurance, non-covered services and any other charges insurance may not cover. You will be sent statements on a monthly basis regarding any monies owed.

Non-Covered Services: An "Insurance Waiver" may be required to acknowledge understanding of your responsibility for non-covered services.

Check-In: Please arrive to your appointment at least 15 minutes prior to your scheduled time to complete all required paperwork. Please bring your current insurance card with you to EACH VISIT as well as your valid identification card. On follow-up visits, you will be asked to verify demographic/insurance information as well as complete any necessary paperwork so that our records remain up-to-date. Any outstanding balances will be due at check-in in order to see your provider. If payment toward your outstanding balance cannot occur at that time, your appointment will need to be rescheduled and/or cancelled.

Credit Card Policy: Please provide a valid credit card upon check-in. We will input your credit card information into our secure and encrypted credit card service provider. (Open Edge)

Check-Out: Please be prepared to pay for your current visit. Payment of co-pays, deductibles, supplies or any non-covered services will be required at the time of service. Estimated patient responsibilities for surgical procedures and office care will be determined by insurance benefit coverage verification and collected at the time of service. Paying at the time of service does not mean you will not get a bill, fees are estimated. We only accept the following: Cash, Check, Debit Card, MasterCard, Visa, Discover, and American Express.

Late Arrivals: If you arrive more than 15 minutes past your scheduled appointment time, you will be rescheduled so that other patients are not inconvenienced.

No Shows and Late Cancellations: We require a 24-hour notice if you must cancel your appointment. If you cancel the same day as your appointment, you will be considered a NO SHOW for that visit. A **\$25.00 charge** is charged to your account for each **NO SHOW**. You will be expected to pay that charge and any others that may occur at the time of your next visit.

Minors: The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor and/or payment in full for services provided. Unaccompanied minors must have a written authorization for medical treatment signed by the parent or guardian before treatment can be released.

Statements: Statements are sent out monthly and payment is due within 30 days of statement date. **Payments not made within 30 days will be subject to a late payment penalty and may incur an additional 5% finance charge.** We offer both electronic and paper statements. I understand if I do not choose electronic statements that I may be charged a **small processing fee up to \$3.00** for cost of paper and stamps. I understand if I choose electronic statements that I will not be charged a processing fee.
I "opt in" for electronic statements. _____ (initial)

I have read, understand and agree to the above office and financial policies. I hereby attest that I have given and agree to provide current demographic and insurance information and authorize release of information necessary for insurance filing and precertification by signing this statement.

Patient Name: _____

Responsible Person's Signature: _____ Date: _____

Witness: _____ Date: _____

For Staff Member Use only: _____ Date: _____
Card Provided: ☐ Yes ☐ No