

# Patient Payment Policy

We welcome you as our patient and thank you for choosing us for your foot treatment. We believe that establishing a written financial policy is mutually beneficial to all parties involved. It is our goal to avoid any misunderstandings or concerns regarding financial matters in order to focus our energies on providing excellent health care.

The following are our rules/policies relative to patient financial responsibility:

- 1) Payment is required at the time of the services are rendered. This includes co-pays, deductibles and co-insurance as well as payment for non-covered services. Further, you will responsible for any medical services deemed “non-covered”, “coverage terminated” , “pre-existing” or a “non-covered member” by your insurance. We do not bill you for our services; payment is required on the day of your service. We will, however, bill your insurance company, for services performed, and you will be paying for any differences determined by this office at the time of your visit for the service(s) performed.
- 2) At the time of your initial visit please present your insurance card and your Texas driver’s license (photo ID) or a state or government issued ID. Also, if you have seen any other physicians please bring copies of all lab work, x-rays, MRI or medical reports if applicable.
- 3) We make every effort to remind patients of their appointment at least one day in advance. This is done as a courtesy only. Patients are ultimately responsible for remembering to keep their appointment. Therefore, you may be charged a no-show fee for any appointment missed, non-cancelled or not rescheduled with at least 24 hours notice. Please note: A similar policy applies to previously scheduled surgical hospital procedures, whereby, you may be charged a fee of \$100.00 for failure to cancel a hospital surgical or previously scheduled office surgical procedure without giving 7 days advance notice.
- 4) After insurance payment has been received, any remaining balances must be paid within 30 days of the date of the first billing statement unless prior arrangements have been made with the office. Any balances remaining after 60-90 days may be referred to collection. The patient or guardian will be responsible for all collection costs associated or incurred with the collection or handling of this account. In addition, an interest charge in the amount of ten percent per annum on the unpaid portion may be assessed on any balance remaining.

**5) A fee may be assessed for completion of any personal disability forms, personal credit life insurance forms, personal attending physician statements, or other miscellaneous forms. Please consult with the office regarding the specific charges.**

**6) For services provided to patients under the age of 18, a parent, guardian or legal representative must accompany the patient to the appointment and will be responsible for payment of any co-pays, deductibles and/or co-insurance amounts. We do not bill another individual or an estranged spouse.**

**7) This office does not file/accept secondary insurance except for Medicare.**

**8) Please note: our office will make every effort to verify podiatry benefits prior to your appointment, but any information provided to us by your insurance representative is no guarantee of payment; nor can we guarantee payment by your insurance company. Patients are ultimately responsible for their medical benefits. A patient's eligibility is subject to change by your insurance company. All benefits may be subject to pre-existing conditions and limitations of certain foot care benefits by your insurance company.**

**9) No original medical records or x-rays will be released. A reasonable charge for copying your x-rays and medical records will be assessed. In addition, charges for postage, handling and faxing charges may be added depending on the circumstances involved. According to state law, a charge of \$ 25.00 may be for first 20 pages of the medical records. In addition, a charge of \$15.00/plate for the x-rays may be assessed. The x-rays will be placed on a disc for you. Such fees are collected prior to the release of your medical records and or x-rays. Please contact our office regarding this policy.**

**10) A \$35.00 service fee will be charged for any returned checks. A letter will be generated giving you ten days to clear the balance on your account. Any balance remaining after that time, may cause your account balance to be referred for outside handling and/or collection.**

**11) Please note: Medicare does not cover the cost for routine trimming of corns, calluses or toenails unless you are a diabetic with documented evidence of neuropathy and/or circulation impairment, or have amyloidosis, multiple sclerosis, Buerger's Disease, atherosclerosis, peripheral vascular disease or polyneuropathy and are under the active care of a physician. At the time of your**

appointment please provide the name of your primary care physician and the date you last saw your doctor. Please see [www.cms.hhs.gov](http://www.cms.hhs.gov) for specific information regarding this type of coverage. Payment for non-covered routine foot care is expected at the time of the service. In addition, Medicare does not cover shoes unless you are a diabetic with neuropathy or vascular disease. See the office for specific details.

12) Some HMOs still require a written referral (Tricare Prime, HMO Blue, Blue Advantage HMO, Aetna HMO, etc). We make every effort to find out if your insurance company requires a written referral. Ultimately, it is the patient's responsibility to obtain the referral prior to the visit. Please make sure your primary care physician faxes the referral to 972-424-0903 prior to your appointment.

13) Any patient coming to the office that is going through Workers Compensation must be prior approved. We need a copies of the all TWCC paperwork including the adjustor assigned to the case and the initial injury report. Once we contact the adjustor and get approval for the initial visit and any treatment, an appointment Will be set up.

14) Please be advised that Dr. Berkey has a financial interest in the Surgery Center of Plano, 1620 Coit Rd., Plano, Texas 75075.

15) Patients obtaining DME items (braces, AFOs, orthotics, boots, etc), are responsible for these items. Obtaining DME items is a contract. You will be billed for the item whether you pick up the item or not. If you contracted for the item, it is yours.

16) If you have any questions regarding any of these policies, please contact the office manager. Otherwise, by signing this document, it will be assumed that you understand and agree to the above policies.

17) To Collection patients: As a patient, you acknowledge and agree that Dr. Berkey's Office And any affiliates or vendor thereof, including any collection of billing companies, may contact my by telephone or text message to any telephone number I have provided or any other number associated with my account, including wireless or mobile number numbers. I further agree that you may use any method to contact these numbers such as automated telephone dialing system or prerecorded messages. I also agree that I will notify Dr Berkey if I Have given ownership or control of any such number.

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**Patient signature**

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**Date**