

PASADENA PODIATRY GROUP, A.P.C.

FOOT DOCTOR USA

JOSEPH T. FERRANTE, D.P.M.

Medicine and Surgery of the Foot and Ankle

Pasadena Medical Building, 65 North Madison Avenue, Suite 512, Pasadena CA 91101

Telephone: 626-577-0700

Fax: 626-796-3989

Patient Name _____

FINANCIAL POLICY

Thank you for choosing Joseph Ferrante, D.P.M. as your Podiatric provider. He is committed to your successful treatment. He requests you read, agree to and sign the following statement of Financial Policy prior to starting treatment.

1. It is your responsibility to verify with your insurance plan/carrier prior to each appointment that Pasadena Podiatry Group, A.P.C. / Dr. Ferrante is a participating provider. Please verify that services such as office visits, x-rays and in-office procedures require preauthorization. Some plans require preauthorization or referrals from the patient's primary care physician.

2. Payment is due at the time services are rendered, including co-payment and deductibles. Your insurance is billed as a courtesy but it is not a guarantee of payment. We accept cash, Visa and Master and Discover Card.

3. Written or verbal authorizations from insurance plans or management groups are not a guarantee of payment. All claims are reviewed by the insurance carriers after services are rendered and authorizations can be denied at the time of review. **Denied claims become the patient's responsibility.**

4. Statements are mailed after the insurance company has paid their portion. The account is then payable within 30 days. Overdue accounts are subject to a \$15.00 rebilling fee. Accounts 90 days in arrears will be subjected to collection by an external agency unless financial arrangements are made with our office.

5. All supplies which are not billable to your insurance carrier must be paid for at the time they are dispensed.

6. Appointments that are not cancelled within 24 hours of the scheduled appointment time will be charge a \$45.00 missed appointment fee. Please be sure to advise this office 24 hours in advance of cancellation.

Whenever our offices refers you to outside laboratories, hospitals, physical therapy or tests be sure to verify that pre-authorization is not required and that your insurance participates with their facility.

7. If a bill remains unpaid and the account is sent to collections you will be responsible for an additional 25% due to miscellaneous fees and cost associated with collections.

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO THE TERMS AND CONDITIONS AS SET FORTH BY JOSEPH FERRANTE, D.P.M.

Print name of financially responsible party _____

SIGNATURE _____ DATE _____