



## Financial Policy for HMI Foot and Ankle

Effective Date: January 1, 2026

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

At **HMI Foot and Ankle Group, SC**, our goal is to provide every patient with high quality care in a timely manner. To continue offering this level of service and manage the rising number of high-deductible insurance plans and unresolved balances, we have updated our financial policy.

All new and returning patients utilizing insurance are required to place an active credit card on file and may be asked to pay a deposit at the time of their visit. This policy helps us to ensure that patient balances are resolved in a timely manner. This card will only be used to pay any outstanding balances after insurance has processed each claim.

Insurance coverage is not a guarantee of payment. Patients are responsible for all charges not paid by insurance, including copays, deductibles, coinsurance, and services denied for medical necessity or eligibility.

Deposits will be applied to help satisfy any applicable financial obligations after insurance, with refunds issued after all outstanding balances have been met or, alternately, left as a credit for future services at the patient's request.

It is the patient's responsibility to provide accurate and up-to-date insurance information, including primary and secondary insurance carriers, as well as a current billing address. Any delays or discrepancies in billing information provided at the time of the visit can lead to billing delays.

All co-payments and outstanding balances are due prior to services being rendered.

### Authorization Terms

- I understand that after my insurance company processes my claim(s), I may owe a balance for services rendered by HMI FOOT AND ANKLE GROUP, SC. Any deposits paid will be applied as a credit after my claim has been processed.
- I authorize HMI FOOT AND ANKLE GROUP, SC to charge my credit card for any remaining balance after an insurance payment has been received/applied, if applicable, and 30 days following receipt of my first billing statement.
- If my remaining balance after insurance exceeds \$300, the office will attempt to contact me before charging the card to offer the option of enrolling in a payment plan using the card on file. If the office is unable to reach me, it reserves the right to process payment as agreed to above.
- I understand that I will receive a copy of my Explanation of Benefits (EOB) from my insurance carrier outlining the patient responsibility amount. A detailed statement may be requested from HMI FOOT AND ANKLE GROUP, SC.
- I may update or revoke this authorization at any time in writing, but it will not affect charges already incurred.
- Payment plans may be available for larger outstanding balances and are offered at the discretion of the practice. Eligibility is determined on a case-by-case basis.

**Card Information** (Please provide your credit card for verification; this information will be stored securely in InstaMed)

Cardholder Name: \_\_\_\_\_ Card Type:  Visa  MasterCard  Discover  AMEX

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

**Acknowledgement and Signature:** I have read and understand the above policy, and I authorize HMI FOOT AND ANKLE GROUP, SC to keep my credit card on file and to charge it as outlined above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_