

**Financial Policy:** Thank you for choosing Sheboygan Foot Care as your health care provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy that we ask you to read, agree to and sign prior to any treatment.

1. I authorize Sheboygan Foot Care to render treatment as deemed necessary by the physician of the Group. I authorize the release of any information, including the diagnosis and the records of any treatment or examination rendered to my child or me during the period of such care, to third party payors and/or other health practitioners. I authorize payment for services rendered to be paid directly to Sheboygan Foot Care. I agree to be responsible for payment of all services rendered to my dependents or myself. If an account is referred to an outside agency for collection, I understand I shall be liable for all costs of collection, and any attorney fees and court costs incurred by this office.

2. Payment is due at the time services are rendered, including co-payment and deductibles. We do bill insurance plans as a courtesy. Types are PPO & POS plans. We accept cash, checks, credit cards, and debit cards with Visa, MasterCard, Discover or American Express logos.

3. It is your responsibility to verify with your insurance plan/carrier prior to each appointment that our Dr. Wolfington is a participating provider. Please verify if any services such as office visits, x-rays, and procedures require pre-authorizations. Some plans require pre-authorizations or referrals from the patient's family physician.

4. 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.

5. Statements are mailed after the insurance company has paid their portion or 30 days from date claim was submitted. The account is then payable within 30 days. Accounts 90 days in arrears will be subject to collection by an external agency unless financial arrangements are made with our office, (920) 457-6104. A \$25.00 fee OR interest and transfer fees will apply.

6. All supplies dispensed which are not billable to insurance must be paid for at the time they are dispensed. There are no refunds or exchanges on any supplies dispensed.

7. We recommend you verify with your insurance carrier whenever our office refers you to outside laboratories, hospitals, physical therapy or tests to ensure that you do not require any pre-authorization.

8. There is a \$25.00 charge for any and all forms filled out by our office. Please allow 15 days for completion of forms.

9. There is a \$25.00 charge for appointments cancelled less than 24 hours' notice.

10. There is a charge for requested, copied X-rays or medical records. All requests must be submitted in writing and please be advised, according to state law, copied records will be processed within 10 business days.

11. No pain or narcotic medication will be refilled over the phone. You must make an appointment with the treating doctor.

12. Complaints must be submitted in writing to Dr. Wolfington.