

# Winchester Foot & Ankle Associates, PLLC

Winchester, VA      Strasburg, VA      Charles Town, WV

## Payment Policy

- Unless other arrangements have been made, payment is due and expected at the time of service. Payment can be made either by cash or check.
- It is ultimately the patient's responsibility to know the limitations of their own insurance coverage; what is and what is not a covered service, whether or not our physicians are in your network, and whether a referral or prior authorization needs to be obtained before each appointment. We make every effort to keep abreast of this information, but due to the complexity of today's health insurance environment, it is impossible for us to know these details for all insurance plans.
- Our office will submit primary insurance claims for covered services to ALL insurance carriers.
- Our office will submit only to secondary insurance companies that we participate with.
- In any case where the insurance company is not billed by our office, an itemized encounter form will be given to you for submission to your insurance company.
- **YOU** are responsible for all deductibles, co-payments, and any services not covered by insurance at the time of service. Some insurances, such as Medicare and HMO's, do not cover medical supplies. Most supplies used in our office are provided and billed by us and will be itemized on your encounter form or billing statement.
- If a response to a claim is not received from your insurance company within sixty (60) days after billing, the balance becomes your responsibility, and must be paid in full within the next thirty (30) days.
- All HMO and Managed Care plans require a referral for all services. It is your responsibility to obtain any necessary referrals and referral forms. If you do not have a referral, your appointment may be rescheduled, or you may pay for all charges at the time of service.
- We **DO NOT** file any Worker's Compensation claims.
- Liability claims or auto accident claims will not be submitted (except as required by law). Claims will not be submitted to an attorney.

I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered. I have read, understand and agree to all of the terms described in the Payment Policy above.

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Patient's Signature

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Date