

# Financial Policy

## Patients With Insurance Coverage:

We will be glad to help you obtain the appropriate benefit from your insurance carrier and bill your carrier as a courtesy to you. However, you are responsible for the payment of the account.

We will be happy to request a pre-estimate of benefits from your insurance carrier if you request us to do so. Routine treatment is generally performed without submitting a request for the pre-estimate of benefits.

Portions of the bill may not be paid by the insurance company and are to be paid by the patient. Sometimes there is a co-payment required by you as per your insurance agreement. Even if you have double coverage (this is possible if you and your spouse both have insurance), there may still be a portion that will be your responsibility.

If you are having treatment over a period of time, we appreciate payment during the course of treatment. Our receptionist will assist you in arranging a payment schedule.

## Patients Without Insurance Coverage:

Patients without insurance coverage are requested to pay for services as rendered.

## Additional Terms:

Appointments cancelled with less than 24 hours notice are subject to a \$25.00 cancellation charge. Checks returned by your bank are subject to a \$25.00 processing charge. Accounts unpaid after 30 days from the date of billing are subject to a finance charge at the rate of 1 % per month (12% per annum). If your account is referred for collection, you will be responsible for collection costs in the amount of 30% of the outstanding balance, together with court costs and reasonable attorney's fees.

We would like to take this opportunity to welcome you to our office and assure you that we will do our utmost to provide you with the best care possible!

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF THE OFFICES OF DR. MICHAEL E. NEWMAN and AMBLER PODIATRY ASSOCIATES.

X \_\_\_\_\_  
SIGNATURE OF PATIENT OR GUARDIAN

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TODAY'S DATE