

### **Financial and Office Policies**

Your understanding of our financial and office policies is an essential element of your care; Please feel free to contact us with any questions.

**Establishing Physician-Patient Relationship:** The Doctor will review your case and determine whether the practice will accept you as a patient; completing registration forms does not establish a physician-patient relationship.

**Completeness and Accuracy:** I have answered the questions regarding my medical history accurately and to the best of my knowledge and understand that providing incorrect information can be dangerous to my health. I understand that it is my responsibility to inform the doctor and office staff of any changes in my health and medical status.

**Treatment and Medication History Authorization:** I consent to the Doctors of San Mateo Podiatry Group to:

1. Perform minor office based procedures to treat my condition, symptoms, illnesses, or injuries
2. I also give the same consent for my minor child/children or family members for whom I am responsible.
3. I consent to the access and download of my prescription medication history.

**Release of Medical Information and Assignment of Benefits:** I authorize the release of all information necessary to submit and process insurance claims on my behalf. I assign to San Mateo Podiatry Group the payment and benefits of any and all insurance policies to which I am entitled.

**Acknowledgement of Notice of Privacy Practices (HIPAA):** I understand that I am entitled to receive a copy of the notice of privacy practices, available upon request and on the practice website.

**Credit Card Policy:** For your convenience and to simplify billing, the practice maintains credit cards securely on file. This makes it easy to cover incidental expenses, such as copayments, coinsurance, and deductibles. We will notify you before submitting charges to your card.

**Appointments and Cancellation Policy:** We will make every effort to accommodate your scheduling needs; In return we ask that you help us by keeping your scheduled appointments, and by notifying us in advance if you are unable to do so.

Patients who fail to arrive within fifteen minutes for their scheduled appointments or who cancel with less than 72 hours notice will be charged a fee of \$150 to the credit card on file.

**Medication Refills:** San Mateo Podiatry Group is proud to be a fully electronic prescriber; prescription refill requests should occur during visits or via the patient portal. For patient safety, medication refills do not occur outside of normal business hours.

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**Medication Prior Authorization Fee:** The practice charges a \$50 Administrative fee for medication prior authorizations to offset the one to sometimes two hours of work required to jump through the requested insurance hoops. This fee is not a guarantee of authorization or coverage.

**Medical Records and Forms:** For copies of medical records, or for completion of all insurance forms other than California State Disability and Workers Compensation forms, a clerical / administrative fee of \$50.00 is required which must be paid prior to the records being released.

**Digital Photography and Video:** San Mateo Podiatry Group retains ownership rights over digital photography and/or video images used to document care, for medical research, and education. Images are stored securely with your medical record, consistent with patient privacy. Images that identify the patient will be released or used outside our practice only upon written authorization from the patient.

### **Health Insurance Billing Policy**

Your health insurance policy is a contract between you and your insurance company. Health insurance policies are not all the same and do not cover the same services.

Our clients are encouraged to contact their health insurance plans for clarification of benefits prior to treatment; you can also learn more about understanding your health insurance.

For your convenience and to simplify billing, the practice maintains credit cards securely on file. This makes it easy to cover incidental expenses, such as copayments, coinsurance, and deductibles. We will notify you before submitting charges to your card.

As a courtesy to our patients, the practice submits charges to insurance plans. We are obligated to collect patient responsibility amounts (copayment, coinsurance, deductible) and any non-covered fees at the time of service. Generally, exact coverage cannot be determined until the insurance company reviews the claim.

**If services provided are determined by your health plan to be fully or partially non-covered for any reason, you agree to waive any contractual coverage and agree to be responsible for the complete charge. Further, if for any reason, your health insurance company does not pay our office within sixty days, we will submit outstanding charges to the credit card on file.**

Unless other arrangements have been made in advance, payment is due at the time of service. We accept VISA, MasterCard, American Express, Discover, debit cards, cash or checks. There is a service fee of \$50.00 for all returned checks, which cannot be billed to your insurance company.

Patients with an outstanding balance must make arrangements for payment prior to scheduling appointments. We realize that people may have financial difficulty. Please communicate with our staff so that they can work with you to create a financial plan; financing options are available.

An electronic copy of this agreement shall be binding as original. **Acceptance of these policies is mandatory in order to complete your registration and receive evaluation and treatment.**

Last Updated January 1, 2018