

Financial Policy

MacNab Foot and Ankle Center, PC

MacNab Foot and Ankle Center, PC (MFAC) is committed to providing you with the best care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR. Our staff will ask you to verify your billing information at each and every visit. Current information is essential in order for us to contact you regarding your treatment and for obtaining timely payment from your insurance company.

FORMS OF PAYMENT: We accept Cash, Checks, Visa, MasterCard, American Express, and Discover.

TREATMENT OF MINOR CHILDREN: A parent or legal guardian must accompany patients who are minors on all visits. This accompanying adult is responsible for payment of the account.

REFERRALS: If your insurance plan requires a referral from a primary care physician it is YOUR responsibility to obtain the referral prior to your appointment and to have it with you at the time of the appointment. If you do not have your referral, YOU MAY HAVE TO RESCHEDULE YOUR APPOINTMENT.

SELF-PAY PATIENTS: Payment in full is required at the time of service for patients that do not have insurance coverage or for those patients that do not present their insurance card at the time of appointment.

PATIENT RESPONSIBILITY: Patients are required to pay all co-pay and deductible amounts at the time of service. Patients are also responsible for any and all remaining balances due after insurance. MFAC billing staff will make every effort to bill a patient's insurance and will ensure that claims are promptly and correctly processed. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply in a timely manner with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays your claim. Patient is responsible to verify, with their insurance plan, that MFAC is a participating provider in their plan network.

PAST DUE BALANCES: Past Due balances will be sent to collections after **90 days**. "The undersigned also agree(s) to pay all collection costs incurred, in the amount not to exceed fifty percent (50%) of the unpaid balance, should any unpaid balance be referred to a collection agency, in addition, should any unpaid balance due be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid for by the undersigned as allowed by the Court."

PAYMENT PLANS: Patients are encouraged to pay outstanding balances in full: however payment plans may be available.

MEDICARE: Patients will be responsible for their yearly Medicare deductible (if not Met) and the 20% coinsurance in those cases where patient does not have a Medicare secondary insurance. The Billing Office, as a courtesy to the customer, will bill insurance secondary to Medicare. If secondary insurance payments are not received within 60 days, the patient will be requested to pay the unpaid coinsurance in full.

IDPA: Patients must present their current Illinois Department of Public Aid medical card upon check-in for each appointment. Payment of any applicable IDPA co-pay must be paid by the patient or their responsible party at each scheduled appointment.

PPO plans (those currently contracted with MFAC): When services are covered by the plan, patient will be responsible for any applicable co-pay, deductible, coinsurance and any amounts deemed "patient share" by their carrier. Patients must pay their Co-pay at each scheduled appointment. Patients will be responsible for all services excluded from their plan. Payment for services is due at the time services are rendered. Patient is responsible to verify, with their insurance plan, that MFAC is a participating provider in their plan network.

OUT OF NETWORK PLANS: MFAC's Billing Office will bill non-contracted medical plans as a courtesy to the patient, but the patient is ultimately responsible for all charges. It is not MFAC's policy to accept usual and customary adjustments from non-contracted plans and patient will be balanced billed for balances remaining after their insurance company pays.

SECONDARY OR TERTIARY INSURANCES: The Billing Office, as a courtesy to the customer, will bill a patient's secondary insurance. If secondary insurance payments are not received within 60 days, the patient will be requested to pay the unpaid amount in full. If payment is eventually received from the patient's secondary insurance, a refund of the portion of the overpayment paid by the patient will be refunded back to the patient.

WORKER'S COMPENSATION: The Work Comp Coordinator will attempt to obtain approval for patients requesting an appointment when injuries are due to work related incident prior to scheduling an appointment. If prior approval is not obtained, the patient will be responsible for all charges for services rendered at time of service.

THIRD PARTY INSURANCE: MFAC will accept third party auto, homeowners or commercial liability insurance. A deposit of \$50.00 will be collected at initial visit. The patient will be responsible for all charges.

LIENS: MFAC will not accept liens in lieu of payment. If insurance companies cease to pay, any and all outstanding amounts will be balanced billed to the patient and will become their responsibility to pay.

FINANCIAL ARRANGEMENTS FOR SURGERY: If your physician recommends surgery, you will be contacted by a Surgery Scheduling Coordinator to discuss any paperwork, arrange any needed tests prior to surgery and complete all pre-certification/authorization that may be needed. The Surgery Coordinator may also request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount.

FRACTURE CARE: Some Insurance companies require that fracture care billing be done on a "global "basis. This means that for a pre-determined amount of time all professional services related to the fracture care are included within an initial fee paid by the insurance company. X-Rays and casting/splinting, along with related supplies are not included with the global fee and are billed separately. Please note, that injections, joint aspirations and fracture care are all procedures listed as "surgical" for billing purposes by insurance companies. Though these services may be provided in the office or emergency room, they are generally listed on your EOB (Explanation of Benefits) or bill as "Surgical".

FORMS (Disability, FMLA, ETC): MFAC asked that all forms that are needed to validate and update work and insurance companies be presented in a timely manner. There will be a charge for completing paperwork that is not directly related to reimbursement of medical services. Please complete the patient portion or the forms before presentation to our office and include a note to MFAC stating where form can be sent, mailed, faxed or picked up along with a valid phone number of the contact person.

MISSED or CANCELLED APPOINTMENTS: You may be charged for a missed or cancelled appointment if you do not notify our office at least 24 hours prior to your scheduled appointment time. It is understood that family and personal matters arise occasionally, and we would appreciate extended courtesy to notify us in a timely manner if you have to miss or reschedule an appointment.

RELEASE OF INFORMATION AND AUTHORIZATION FOR ASSIGNED BENEFITS

I authorize MacNab Foot and Ankle Center, PC (MFAC) to release to my insurance company or its representatives, information including the diagnosis and the records of any treatment or examination rendered to me that may be required to process my claim for benefits. I authorize and request that my insurance company pay directly to MFAC the amount due in my pending claim for medical treatment or services, by reason of such treatment of services rendered to me. This assignment will remain in effect until revoked by me in writing.

I understand and agree that, regardless of my insurance policy, I am responsible for the entire balance on my account, for all professional services provided to the patient (or myself). I have read all the information contained in the Financial Policy. I certify that, to the best of my knowledge, this information completed on the Patient information form is correct and true. I will notify this office in case of any changes to my health or any of the attached information.

I acknowledge that I was provided a copy of the Notice of Privacy practices and that I have read (or had the opportunity to read and chose not to) and understood the Notice.

Date: _____

Signature: _____

Patient Name: _____

Legal Guardian: _____