

Patient Financial Responsibility

What if I do not have insurance or you are not a participating provider for my carrier?

For patients who do not carry health insurance and those for whom we do not accept their policy, payment will be expected in full at the time of the visit. Anyone who feels it is necessary to extend payments over a period of time is invited to discuss arrangements with us prior to their visit.

What are my financial responsibilities as a patient?

As a patient, it is in your best interest to know and understand your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you may be liable for full payment of the bill.

To find out what your insurance plan covers and what your financial obligation may be, call the Customer Service or Member Services Department of your insurance company (the phone numbers are on your insurance card). Your employer's human resources department may also be a source of information and assistance.

Make sure that your insurance company lists your physician as a participating provider. It is possible that only one of our physicians participate with your insurance plan. Benefit and coverage rules and policies differ among insurers and even between different plans of the same insurer. If you go to an out-of-network provider, you may have a greater financial responsibility for services provided from a physician that is not under contract with your health care plan. Your insurance company can assist you in finding an in-network provider to limit the amount of money you will have to pay for care. Contact your plan's Customer Service department for further assistance.

What should I do if my insurance changes?

You are responsible to notify us of your insurance and changes to your coverage. Please have your current insurance card with you at all times, as well as a photo ID such as a driver's license, military ID or government issued ID.

Why are you asking for my deductible, co-insurance or co-payment at the time of my visit?

We ask that payments be made when you are at the

physician office so you will not be bothered with an invoice sent to your home after your visit. It also helps us reduce our costs and saves you the trouble of mailing a payment back to our office.

What if my insurance plan requires a referral and/or a prior authorization?

If your insurance company requires a referral and/or prior authorization, contact your primary care physician prior your appointment in our office.

If your insurance company requires a referral and/or prior authorization and you do not have one, you may not be seen for your scheduled appointment, or you will be responsible for full payment of your bill at the time of service. If you require more than one visit for treatment or if the referral has expired, you must contact your primary care physician for another referral and/or prior authorization.

When can I expect to receive a bill? Why was I sent a statement when my insurance company is supposed to pay my bill?

For patients with health insurance, once your insurance company has responded to our claim we will bill you accordingly. Payment will be due thirty (30) days after a bill is sent to you.

Whether you have insurance coverage or not, you as the patient are ultimately responsible to make sure your bill is paid. If you receive a statement showing that your insurance company has not paid, it may be helpful for you to contact your insurance company to ask why payment has not been made.

Where do I send payment? What methods of payment are accepted?

You can make payment in person or over the phone during our office hours or you can mail payment to:

Atlanta Foot & Ankle Center
5600 Roswell Rd.
Suite M190
Atlanta, GA 30342

Payment can be made with check, money order, cash, Visa or MasterCard. Checks should be made payable to Atlanta Foot & Ankle Center. Please note there is a service charge for all returned checks.

I _____ have read and thoroughly understand my financial responsibility for all services rendered. I am aware my insurance contract is between me and my insurance company and I will be billed by my provider for any services rendered not payable.

Signature _____

Date _____