ANCHORAGE FOOT AND ANKLE CLINIC LLC
STATEMENT OF BILLING/CREDIT/NOTICE OF INFORMATION POLICIES FOR THE BENEFIT OF OUR PATIENTS

Contracted Insurance plans:

We accept payment based on Insurance Company's allowable fee structure and the contract your insurance group has with the carrier. Any allowable balances are the responsibility of the patient and are due in full upon receipt of statement.

It is not possible for Anchorage Foot and Ankle Clinic to know the specific benefits of your plan. It is your responsibility to be aware of your coverage and to ensure that your bill is paid.

The Patient is responsible for all account balances, even with insurance benefits. We will bill your insurance as a courtesy to you, but we cannot guarantee your benefits. If your insurance company informs us of any benefits you are, or are not entitled to, we will advise you of the same. Any oral representation we make in good faith to you concerning your insurance is not binding on us and will not in any way or for any reason be considered a modification of this billing notice.

INSURANCE CO-PAYMENTS:

Co-Payments are due at check-out from your appointment. Your co-payment is determined by your insurance plan, Anchorage Foot and Ankle Clinic LLC in no way determines your co-pay amount and is required to collect your co-pay at time of visit.

We accept cash, personal checks, Mastercard /Visa.

MEDICARE:

We accept assignment for our Medicare patients, and we will bill Medicare for you. Do not submit the claim yourself. Medicare pays 80% of their allowable fee after you have satisfied your deductible amount. If you have supplemental insurance, we are required to provide this information to Medicare. In most cases, Medicare will bill your claim to your supplemental insurance for you.

Medicare does not pay for orthotics. Patients must also meet very specific requirements for Medicare to cover foot/nail care and is only covered every 61 days. It is the patient's responsibility to pay for services not paid for by Medicare. You will be asked to sign a waiver, when appropriate, indicating that you have been informed that Medicare may not cover certain services and that you as the patient accept financial responsibility.

No-Show appointments:

Patients who fail to cancel their office visit appointments without 24 hours' notice will be charged $50.00 for the first time and $75.00 for each time after that. Surgeries/Office Procedures will be charged $200 for a missed appointment. Patients that miss three appointments without giving notice will be dismissed from Anchorage Foot and Ankle Clinic.

Fees:

Patient's will be charged an administrative fee of $25 for us to complete FMLA, disability, or job-related forms. A fee of $5 will be charged for copies of X-Rays. If your account is sent to collections for non-payment, you will incur a $50 service fee.

I have read and understand this policy and acknowledge full responsibility for the payment of services rendered. I authorize all payments to be made directly to Anchorage Foot and Ankle Clinic LLC, or my provider on my behalf for any services or supplies furnished by my doctor or Anchorage Foot and Ankle Clinic LLC and for my doctor to act as my agent to help obtain payment. I authorize the release of medical information or documentation in their possession about me to all my insurance companies as well as to Medicare in order to determine benefits of the benefit payable for related services, now or in the future.

Signature_______________________________ Date___________________________

Name (Print)____