

# COMPREHENSIVE FOOT & ANKLE CENTER OF SOUTH JERSEY

277 White Horse Pike  
Suite 101  
Atco, NJ 08004  
(P) 856.768.7850  
(F) 856.768.7853

2301 E. Evesham Rd  
Suite 508  
Voorhees, NJ 08043  
(P) 856.768.7850  
(F) 856.768.7853

69 Haddonfield Berlin Rd  
First Floor  
Cherry Hill, NJ 08034  
(P) 856.858.0180  
(F) 856.869.3080

188 Fries Mill Rd  
Suite N-2  
Turnersville, NJ 08012  
(P) 856.768.7850  
(F) 856.768.7853

## FINANCIAL POLICY

Thank you for choosing Comprehensive Foot & Ankle Center of South Jersey as your foot care provider. We are committed to providing you with quality and affordable health care. Please read the following office payment policy and feel free to ask us any questions that you may have. Once you accept this policy, kindly sign in the space provided. A copy will be provided to you upon request.

1. **INSURANCE** - We participate in most insurance plans, including Medicare. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. **CO-PAYMENT & DEDUCTIBLES** - All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-pays and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. **NON-COVERED SERVICES** - Please be aware that some and perhaps all of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

4. **PROOF OF INSURANCE** - All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. If required, obtaining the proper referral from your primary care physician is your responsibility. Patients presenting to our office without a valid referral will be asked to pay in full. This payment will be held for 48 hours and will become non-refundable if the proper referral is not obtained by then.

5. **CLAIMS SUBMISSION** - We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefits is a contract between you and your insurance company.

6. **COVERAGE CHANGES** - If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

7. **NONPAYMENT** - Invoices are sent out every 30 days. Your prompt payment will assist us in keeping the cost of healthcare down. If your account is over 90 days past due (4 statements), your account will be referred to our collection agency.

8. **FEES** - Our fees are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

9. You agree, in order for us to service your account or collect monies you may owe, Comprehensive Foot & Ankle Center of South Jersey and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which may result in charges to you. We may also contact you by sending your text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

I have read and understand the payment policy and agree to abide by its guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_