

HILLIARD FOOT, ANKLE & LASER CENTER - GEORGE M RUTAN, DPM, FACFAS

FINANCIAL POLICY

Welcome to our practice. Your clear understanding of our financial policy is important to our professional relationship.

FEES AND PAYMENT POLICY:

Payment in full is required at the time of your visit and may be made with cash, personal check, money order, Visa, Mastercard, Discover, American Express and CareCredit. Insurance co-payments are due at the time of service. If you are unable to make your co-payment at your visit, your appointment may need to be rescheduled. While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Your insurance is a contract between you, your employer and the insurance company. We are not party to that contract. Before your visit, contact your insurance company to verify that we are participants in your plan, and the services you intend to receive are covered. In order for us to file a claim, you must present a CURRENT copy of your insurance at each visit and communicate changes in your personal information.

Not all services are a covered benefit in all policies, so it is very important that you understand the provisions of your individual policy. Insurance companies select certain services they will not pay for. Therefore, we cannot guarantee payment of all claims by your insurance company. *Reduction or rejection of your claim does not relieve you of your financial responsibility.*

Please note: Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by insurance companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is considered insurance fraud and will not be done by our office.

Self-Pay Policy:

In order to address the needs of our patients without insurance, we offer a 25% discount off of our standard fees. This discount acknowledges the lower cost involved in billing and collections when a claim does not need to be submitted to a third-party payer. In order to qualify, payment must be made IN FULL prior to or on completion of your visit or procedure. Any Prior balance is not eligible for a discount. This discount applies to all medical services provided and is offered only at the time of service.

Medical Records:

In order to comply with Ohio State law and HIPAA regulations, we charge a per page fee payable in advance, if you would like a copy of your records sent to you or another physician. This per page fee policy is available upon request. As always, if a collaborating physician (primary care or specialist) request portions of your record to assist in your care, there will be no charge.

Miscellaneous Charges:

Returned Check Charge:

Non-Sufficient Funds (NSF) checks are subject to a \$30.00 fee (in addition to fees from your bank)

Missed Appointment Charge:

You may be charged \$30.00 for Missed appointments without 24 hour notification.

No Call No Show Appointment Charge:

You may be charged \$50.00 for not showing up to your scheduled appt.

Name of Patient (printed)

Signature of Patient

Date