



FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing Ability Foot & Ankle for your podiatry care. We are committed to providing you with the highest quality care. Every patient must be thoroughly informed of their treatment options and their financial obligations for a particular service. Please carefully read and then sign this form to acknowledge your understanding of your financial obligations related to your treatment. If you should have any questions regarding our financial policies, please ask our staff before signing this document.

The following is our payment policy, which we require you to read and sign prior to your visit.

The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for his/her treatment and care.

Patients have many different types of insurance and payment options for services rendered. To ensure that we have accurate information to process your claim, we will make a copy of your insurance identification card at the time of your appointment.

You are required to inform us immediately of any changes in demographic information or insurance information. Patients without insurance are required to pay in full at the time of service.

However, we understand that financial hardships may affect your ability to pay in full. We will always do everything we can to work with you. Please ask to speak with our billing department to discuss a satisfactory arrangement.

Participating Plans: You must present your insurance card, and if applicable your insurance referral form, at every visit. We will submit your medical claim directly to your insurance company for payment on your behalf. Full payment at the time of service is expected for all patients without insurance or those covered under plans which we do not participate in.

Non-Covered Services: If your provider does not participate in your insurance plan or your services are not covered by your insurance plan, you are responsible for payment of all charges at the time of service.

Copayments or Deductibles: All co-pays, deductibles, and non-covered services will be collected at the time of service.

Cancellations and Missed appointments: Our Policy is to charge for missed appointments not cancelled within 24 hours. These charges will be your responsibility and billed directly to you.

Nonpayment: If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During those 30 days, we will only be able to treat you on an emergency basis.

Payment: For your convenience, the following methods are accepted cash, personal check, Visa, Mastercard.

PLEASE SIGN THE BACK

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Florence, KY 41042

Phone: 859-746-FOOT (3668)
Fax: 859-746-3000
Abilityfootandankle.com

238 Barnes Road
Williamstown, KY
41097

I authorize payments to be made directly to Ability Foot & Ankle and fully understand that I am the responsible party for all charges incurred by me or my dependents at this facility. I also authorize release of any and all information required to collect and process my medical insurance claims. I have read the "Financial Policy"; I understand and agree with it. By my signature below, I hereby authorize the assignment of financial benefits to Ability Foot & Ankle for services rendered as allowable under standard third-party contracts. I understand that I am financially responsible for charges not covered by this agreement.

I have read, understand, and agree to the provisions of this Patient Financial Responsibility Policy.

Print Name of Patient or Responsible Party

Signature of Patient or Responsible Party

Today's Date