

**Welcome to Our Office**

Please read this policy carefully and feel free to ask questions regarding any part of this form. We believe that a clear definition of our office and financial policies will allow us to concentrate on the primary goal of restoring or maintaining the health of your feet. Our practice will strive to provide you with the finest quality podiatric care. If you have any questions regarding your treatment or associated costs, please do not hesitate to ask. We welcome referrals and look forward to establishing a satisfactory doctor-patient relationship.

**Office Hours**

The doctor sees patients in Moscow on Mondays and in Lewiston on Tuesdays, Wednesdays, and Thursdays. Our business/front office in Lewiston is open Mondays (10 am to 2 pm), Tuesdays (9 am-1pm, 2pm-5 pm), Wednesdays (10 am to 6 pm), Thursdays (9 am-1pm, 2pm-5 pm), and Fridays (8 am to noon). Moscow is open Mondays from 8 am to 1 pm, only.

**Appointments**

If you are unable to keep an appointment, please call the office to reschedule at least 24 hours in advance.

**Leaving Messages**

Our office policy is to leave generic, harmless information on answering machines. If detailed information needs to be communicated, we will ask you to call us back.

**Transferring Records**

If you want to have copies of your records, you must authorize us to include all relevant information, including your payment history upon request. If you are requesting your records to be transferred from another doctor to us, you authorize us to receive all relevant information including your payment history.

**Financial Policy**

This is an agreement between Ronald W. Alm, DPM as creditor and the patient/debtor (parent/legal guardian) named on this form. By signing this agreement you are agreeing to pay for all services rendered.

**Insurance**

Insurance is a contract between you and your insurance company. (We are **not** a party to this contract, in most cases.) We will bill your primary insurance company only if we are a contracted participating provider. We may accept secondary insurances. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If at any time your insurance changes, you must notify the office of the change. Outdated, incorrect or incomplete insurance information that denies or delays payment for services will result in the balance moving to patient responsibility.

**Verification of Benefits**

We may assist you, at our discretion, in verifying your insurance coverage in an effort to verify exactly what the podiatric coverage is available on your policy. This can only be done on the day of your appointment if time permits. **You, as the policyholder, are primarily responsible to verify benefits.** We cannot guarantee payment of the benefits and subsequently you may be responsible

for any co-insurance, co-pay, deductibles or fees for non-covered services that may result.

**Referrals and Pre-authorizations**

If your insurance company requires a referral and/or pre-authorization or pre-certification, **you are responsible for obtaining it.** We most likely will not be able to obtain a referral on the date of service (and this will be at our discretion if time permits). Options at this point will be to reschedule the appointment or to pay at the time of service. We suggest you call your primary doctor at least 24 hours in advance to confirm that your referral has been generated and faxed. **The most reliable method is to obtain it yourself and get it to our office in advance of your appointment.**

**Workers' Compensation and Personal Injury**

We require written approval/authorization by your employer and/or workers' compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full. If you are being treated as a part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements must be made in advance. Payment of the bill remains the responsibility of the patient/debtor.

**Divorce**

In the case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Required Payments**

Any co-payment, deductibles or co-insurances, fees for non-covered services, or outstanding balances must be paid in full at the time of service.

**Payment Options**

You may choose to pay cash, check, or credit card on the day that treatment is rendered. There is a \$20.00 fee for any checks returned by the bank.

**Monthly Statement**

If you have a balance on your account, we will send you a monthly statement. It will show separately the balance, any new charges to the account and the finance charge, if any.

**Payments**

Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is Past Due if not paid in full by the date on the statement.

**Finance Charge**

A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The finance charge will be computed at an annual percentage rate of 1.5% per month or an annual rate of 18.0%. The finance charge percentage on your account is computed by applying the periodic rate (1.5% per month) to the overdue balance of the account. The overdue balance of the account is calculated by taking the balance owed thirty (30) days ago and subtracting any payments or credits applied to the account during that time.

**Past Due Accounts**

If your account becomes past due, we will take the necessary steps to collect this debt. We utilize a collection agency, Chapman Financial Services, as our debt servicing company for collecting any past due balances.

**Waiver of Confidentiality**

You understand if this account is submitted to a collection agency, or have to report your account to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**FMLA and Disability Forms**

Please submit FMLA and Disability paperwork to our office at least one week prior to the due date. We will call you when the paperwork has been completed and is ready for your pick up.

**Effective Date**

Once you have signed for this document, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.