



Advanced Foot & Ankle Center Financial Policy

Thank you for choosing a Piedmont HealthCare physician as your health care provider. It is our goal to provide you with the highest quality medical care available at a reasonable cost. In order to meet this goal it is important that our patients have a clear understanding of our financial policy.

Contracted Insurance: *Please present your most current insurance card(s) at each visit.*

Piedmont HealthCare will file your insurance claim and accept the payment along with any co-payments/deductible as payment in full. You will be responsible for services not covered by your plan. We try to inform patients when services may not be covered; however, it is the patient's responsibility to understand his/her policy limitations.

Payment of your co-pay, deductible and/or co-insurance as applicable is required at the time of service.

We accept cash, check and all major forms of credit/debit cards.

Non-Contracted Insurance: *Please present your most current insurance card(s) at each visit.*

Piedmont HealthCare will file your insurance plan as a courtesy to you. It is your responsibility to follow-up with your insurance company should they deny payment for any reason. All charges not paid by your insurance company within 60 days will become due and payable by you. **Payment of your co-pay, deductible and/or co-insurance as applicable is required at the time of service.** We accept cash, check and all major forms of credit/debit cards.

Worker's Compensation Insurance:

Piedmont HealthCare will file for services that have been pre-authorized by your employer or carrier. It is your responsibility to file a report of injury to the North Carolina Industrial Commission. If the commission has not received the required information within 60 days, the services will be due and payable by you.

Third Party Payer/Motor Vehicle Insurance:

Piedmont HealthCare does not file claims to Third Party carriers. We will provide you with a medical claim form for filing purposes upon your request. Payment is required in full at the time of service. We accept cash, check and all major forms of credit/debit cards.

Uninsured/Self Pay:

Payment in full is required at the time of service. We offer discounted rates for your prompt payment on the office visit only; all other charges are the standard rate. We accept cash, check and all major forms of credit/debit cards.

Returned Checks:

All checks rejected by the bank are subject to a minimum \$25 service charge and will be referred to TigerTranz for collection. Piedmont HealthCare will request cash or credit/debit cards for future payments

Appointments:

We understand that from time to time cancellations and rescheduling appointments are necessary. We ask that you contact our office at least 24 hours in advance for cancellations and to reschedule appointments. **Failure to do so will affect your ability to make future appointments.**

Refunding Overpayments:

All patient accounts with credit balances will be researched and refunds processed to the patient, guarantor or third party payer as appropriate as soon as possible after the date of the overpayment. Piedmont HealthCare will not issue refunds to the patient for overpayments when the patient has a pending balance, unpaid collection balance or a balance on another account for which they are the guarantor.

Patient or Responsible Party Signature

Date