



## DARIN A. BOCIAN DPM / PATIENT FINANCIAL POLICY



Thank you for choosing our practice for your care. As part of our commitment to service, we make every effort to offer efficient and helpful billing services. To this end, we require you to read, understand, sign and date the following, prior to any evaluation or treatment. If you have any questions regarding this policy, please ask to speak with our billing dept.

**It is essential that you bring your current primary and secondary insurance cards to each visit, so that we have the most accurate and up-to-date information to submit charges to the insurance carrier on your behalf.**

### MEDICARE:

We participate with Medicare and we accept assignment. Patients are responsible for meeting their annual deductible and paying for the 20 % co-insurance. We will file a claim with your secondary/supplemental carriers. However, in the event that the secondary does not pay within 60 days, the patient may be billed for the co-insurance.

### PARTICIPATING PLANS-HMOs/PPOs:

If Darin A. Bocian, DPM is a participating provider contracted with your insurance plan, **co pays must be paid at the time of service per health plan requirements.** All other charges will be billed directly to the insurance plans in which we participate. Once we receive the correct payment, we will make our contractual adjustment and send you a bill for any unpaid patient responsibilities. These are due upon receipt of our bill. **It is your responsibility to know your coverage eligibility, deductibles, co pays, referral and pre-certification requirements and whether or not Darin A. Bocian, DPM is a provider for your plan.** If there is a need for an outside lab for a portion of your care, you may receive a separate bill from that lab for their services.

### NON-PARTICIPATING PLANS:

If Darin A. Bocian, DPM is not a participating provider contracted with your insurance plan, the expenses for your care will be your responsibility. When you arrive for your visit, you may be asked to sign a non-contracted waiver form, and you will have an opportunity to speak with our billing staff about the charges.

Not all health plans are the same nor do they cover the same services and supplies. In the event your health plan determines a service or supply to be "not covered"; you will be responsible for the complete charge for that particular service. Payment is due upon receipt of our statement.

There will be a \$25.00 charge for any missed procedure appointments. Please notify our office 24 hours in advance if you are unable to keep your scheduled appointment.

Due to the length of certain forms, (disability, life insurance etc.) we charge \$20.00 for the processing of the forms.

There will be a \$35.00 fee imposed for all returned checks.

### PAYMENT:

We do offer payment plans. For this we will need post dated checks for the balance on the account. If you do not have insurance, payment is due in full at time of service. For your convenience we accept cash, checks, or credit cards (Visa and MasterCard).

Thank you for taking the time to read and understand our Financial Policy. We welcome the opportunity to discuss any aspect of this policy if you have questions.

I have read, understand and agree to this Financial Policy of Darin A. Bocian, DPM, PC

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*Patient Signature/Responsible Party*

*Please Print Name*

*Date*