

FINANCIAL POLICY

Dr. Joan Oloff D.P.M., F.A.C.F.A.S., M.S

Welcome to our office. Thank you for choosing Dr. Oloff for your foot and ankle care. The following is a statement of our Financial Policy which we would like you to read and sign prior to your visit. We hope this helps answer any questions you have regarding our billing policies.

Insurance: Our office contracts with many insurance companies. Your insurance company provides you with a card which must be presented at the initial visit. This does not guarantee eligibility of proof of insurance. If we are contracted with your health plan, we will bill your insurance company directly. If you have a change in your insurance or your co-pay amount it is your responsibility to inform our office. Your individual insurance plan is an agreement between you and your insurance company. It is necessary for you to know the specific details of your own policy.

HMO Plans: If your insurance requires you to have an authorization from your primary care physician be aware that your doctor will give you one visit per authorization. It is your responsibility to call your primary care doctor and get the authorization for your next visit. This includes follow up visits. Our office will get authorization for any surgeries that you may have.

Medicare: Medicare does not cover routine nail care which includes cutting of the nails, corns and calluses unless you are diabetic. If you are not diabetic these will be considered self-pay visits and payment is due at the time of service.

Medical: Our office does not accept Medi-Cal because we are not a participating provider.

Co-pays: As indicated by your insurance company, your co-payment is due at the time of each visit and will be collected when you check into our office. For your convenience, we accept cash, check, Visa, and MasterCard.

Cash Patients: Office visit fees will be collected when the patient's check's in, or if the charges are yet to be determined, they will be collected at the end of the visit.

Account fees: Past due patient balances should be paid in a timely fashion. A fee of \$25.00 is charged for each returned check.

Patient Information: You will be asked to fill out a patient information form at your initial visit. In order to keep your file up to date, please inform of us of any changes in your address and phone numbers.

Missed Appointments: Unless canceled 24-hours in advance, you may be charged a \$25.00 fee for missing your appointment.

Your Signature below indicates you have read, understood and, and agreed to this policy.

Signature

Date

Please print your name