

FINANCIAL POLICY

Your understanding of our financial policy is an essential element of your care and treatment. If you have any questions, please discuss them with our billing specialists. An education billing brochure is available to answer many Frequently Asked Questions. These are available at the front desk of all of our locations or online at <http://www.dodgestreetfootdoc.com/billing.html>.

Regarding insurance: Our office participates with Medicare, Medicaid and many commercial insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company in accordance with the guidelines of our provider contract. Co-payments, co-insurance, deductibles, non-covered services and medical supplies are the responsibility of the patient or legal guardian. You will be asked to pay for non-covered items and services the day of your visit. Workers compensation and/or accident claims must be verified with your employer or the Third Party insurance provider such as Workman's compensation insurance provider or Auto insurance company before your date of service.

Co-Pays: All co-payments are due at the time of service without exception. If you do not have your co-payment you may be asked to reschedule your appointment for a later date.

Uninsured patients: If you are uninsured, our billing office will attempt to provide a free estimate of expected charges based on the anticipated services. We require all uninsured patients to provide a \$300 deposit prior to receiving services. This can be paid in cash, debit card or credit card. Final charges will be determined by your provider at the completion of your visit. If the charges are less than the deposit, you will receive an immediate refund. If the charges exceed \$300, payment is required at that time.

Referral: You are responsible for obtaining any necessary referral if required by your insurance company. If a referral is not obtained and is necessary, you are responsible for full payment.

Fee Schedule:

- Returned check fee is \$40.00
- Paperwork fee is \$20.00 and a \$5.00 per page fee with a maximum fee of \$40.00
- No Show fee \$40.00

By signing below, I hereby understand the financial policy of this office. I guarantee payment of all charges incurred for the account of the patient listed below.

Patient or Guardian Signature

Printed Patient Name

Date

COLLECTION AUTHORIZATION

If your account balance is not paid in a timely fashion, your account will be suspended and sent to a Third Party Collection Agency.

By signing below, I will be responsible for paying all Collection Agency Fees assessed by the Third Party Collection Agency. I agree, in order for the Foot and Ankle Center of Nebraska to service my account or collect any amount that I may owe, unless otherwise prohibited by applicable law, the Foot and Ankle Center of Nebraska or a designated Third Party Collection Agency are authorized to (i) contact me by telephone at the telephone number(s) in the patron contact account information I am providing , including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide any/or (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

By signing below, I acknowledge that I have read this disclosure, had the opportunity to ask questions on the policy and agree that the Foot and Ankle Center of Nebraska or Third Party Collection Agency may contact me as described above.

AUTHORIZATION TO TREAT

By signing below, I authorize treatment by the providers of the Foot and Ankle Center of Nebraska including Robert M. Greenhagen, DPM, Patrick J. Nelson, DPM, Nicholas G. Olari, DPM, Jordan L. Sikes, DPM, David Rettedal, DPM and/or Amelia Stigge, DPT. I authorize the release of any information requested by insurance companies or liable third parties and assign any insurance benefits to the Foot and Ankle Center of Nebraska. If the correct insurance information is not given and/or proper referral is not obtained, the patient will be responsible for all charges.

NONDISCRIMINATION STATEMENT

The Foot and Ankle Center of Nebraska and its subsidiaries comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Foot and Ankle Center of Nebraska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. By signing below, I acknowledge that I have been offered a copy of the "Notice informing individuals about nondiscrimination and accessibility requirements and nondiscrimination statement."

Patient or Guardian Signature

Printed Patient Name

Date