



## FINANCIAL POLICY

VPWC is committed to providing you with the best possible medical care. The following information outlines financial responsibilities related to payment for professional services. VPWC believes that a good physician/patient relationship is based on understanding and communication. Your signature on the following page indicates that you have read and agree to this Financial Policy.

**DISCLOSURE:** Valley Podiatric Wound Care is a member of Community Foundation Medical Group (CFMG) and you may receive a bill from CFMG for services provided by Valley Podiatric Wound Care and/or the group's providers.

**GENERAL INFORMATION:**

VPWC accepts VISA and MasterCard credit cards, personal checks and cash. You will be provided with a receipt for all payments. You are expected to pay your co-pay before each visit. For services not covered by your insurance, payment will be your full responsibility.

Co-payments, co-insurance and deductibles are a contract responsibility between you and your insurance plan and we are unable to negotiate or reduce these amounts.

**NON-INSURED/NON-PARTICIPATING INSURANCES:** If you have insurance in which VPWC does not participate, we will file a claim as a courtesy. However, if payment is not received within 45 days of filing, all charges will become "patient responsibility" and are immediately due and payable. We do offer a prompt payment discount. Please contact our Billing Department for details.

**HIGH DEDUCTIBLE PLAN:** If you have a High Deductible Plan, be prepared to pay for your services in full as you incur them. If surgery is required you will be asked to pay in advance of booking the surgery per our Surgery Prepayment Policy below.

**SURGERY PRE-PAYMENT POLICY:** If you require surgery, we will contact your insurance company to obtain eligibility and an estimate of your benefits, based on proposed services and information supplied by your insurance carrier.

Any remaining balance is due within thirty (30) days of VPWC receiving payment from your insurance company. Any credit balance will be refunded to the responsible party within (30) days of VPWC receiving payment from your insurance company. (This Surgery Prepayment Policy does not apply to Medicare, senior plans, or worker's compensation plans.)

**WORKERS COMPENSATION:** Please bring your claim number, date of injury and employer/workers compensation information. Your claim needs to be open and valid for the condition that we are seeing you for.

**TREATMENT OF MINOR:** If the patient is a minor (under 18 years of age), the parent or guardian must sign on the next page. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service, and for providing insurance and picture ID cards. We can discuss only billing information (no medical information) on an account for a patient over 18 years of age, regardless if the patient's parent, guardian or the subscriber is financially responsible.

**MISSED APPOINTMENTS/CANCELLATIONS/NON-SUFFICIENT FUNDS FEES:** Broken appointments and checks returned for non-sufficient funds represent a cost to us, to you and to the other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment and 72 hours for surgeries. We reserve the right to charge fees associated with missed or late-cancelled appointments, checks returned for non-sufficient funds, and all patient balances not paid in full after 45 days. The breakdown for these fees is as follows:

For checks returned for "Non-Sufficient Funds" \$15  
For all missed or late-cancelled surgeries \$100  
For all missed or late-cancelled office visits \$45

**FORMS:** VPWC charges a fee of \$15 to the complete forms such as disability forms. The charge is due in full before the completed form will be returned to you.

**PAYMENT ARRANGEMENTS AND PAST DUE ACCOUNTS:** We understand that financial difficulty may be a reality. Payment arrangements can be arranged if needed by contacting the Billing Department. Any patient with a past due account may be denied a future appointment until balance is paid or a payment arrangement is made.

**COLLECTION AGENCY AND BAD DEBT:** We will not schedule any type of appointment for you if your account has been turned over to collections. You must pay any amounts due to our outside collection agency prior to booking a follow up appointment.

If you have questions about your insurance or this document, our Business Office will help you and can be reached at (559) 570-5377. However, specific coverage questions should be directed to your insurance company member services department (typically, the number is found on the insurance card). If your insurance changes during your course of treatment, please notify our Billing Department immediately. These policies are subject to change without notice.