

Scott W. Berneburg, DPM, Inc. (dba Beckley Foot & Ankle Clinic)

Financial Policy

This is an agreement between Scott W. Berneburg, DPM, Inc. (dba Beckley Foot & Ankle Clinic) and the Patient/Responsible Party named on this form. By executing this agreement, you are agreeing to pay for all services that are received.

Thank you for choosing our facility. The purpose of this document is to give you information about our billing process and financial policies.

Disclaimer: The filing of insurance claims is a courtesy service provided by this office. All charges are your responsibility from the date services are given. Payments to our office may not be delayed or withheld regardless of treatment outcome, pending insurance claims or for any other reason. Please know we will do our very best to care for your medical condition, but we cannot guarantee your treatment outcome or satisfaction.

Payments and payment methods: We accept cash, check and credit card forms of payment. Major credit cards such as Visa, MasterCard, Discover and American Express are currently accepted. Payment is due at the time services are given (and may include payment for any unmet deductible, co-insurance, co-payment, and non-covered services) as verified with your insurance provider. Charges will be estimated, and therefore you may later receive a bill for any remaining balance. Payment is due upon presentation of the bill unless other payment arrangements are approved by us in writing. If and when our office cannot verify your insurance information, you will need to pay for any charges in full. Any co-payments required by your insurance must be paid at the time of service. Self-pay patients without insurance must pay for charges in full at each visit.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Insurance: If insurance information was provided to our office for your visit, this is how our billing process usually works. A claim will be sent to your insurance company. After your insurance receives a claim, the insurance company may contact you for additional information. Please respond to their questions as soon as possible so their payment to our office is not delayed. It usually takes 30-45 days for your insurance company to pay your claim. After your insurance company pays us, we will provide you with a statement about any amount you may owe. Please keep in mind that your policy is a contract between you and your insurance company. We bill your insurance as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. If you do not follow your insurance plan's terms, they may not pay for all or part of your care.

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Finance Charge: A finance charge may be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of one and one-half percent (1.5 %) per month or an ANNUAL PERCENTAGE RATE of eighteen (18 %) percent. The finance charge on your account is computed by applying the periodic rate (1.5 %) to the overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time.

Returned checks: There is a \$25 fee for any checks returned to us by your bank.

Missed appointment fee: We may charge a \$20 fee for missing an appointment, failing to show up on time for an appointment, or canceling an appointment (with less than 24 hours notice). Please be considerate and call if your appointment cannot be kept so that we can accommodate another patient in need of care.

Past due accounts: If your account becomes past due, we may refer your account to a collection agency, and you agree to pay all of the collection costs which are incurred.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Transferring of Records: If you want a copy of your records sent to another doctor or organization, you must request such in writing, and we may charge a \$20 fee related to our search and copying efforts.

Personal Injury: If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. In addition, we require payment in full at each visit for any services provided. Also, if you have health insurance, we require that you allow us to bill your health insurance. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

Worker's Compensation: We do not accept Worker's Compensation claims. We do not provide evaluation or treatment for medical conditions involving existing, pending or planned claims. Failure to inform our office of an existing, pending or planned claim will result in dismissal from our practice and you will be solely responsible to pay for any balance owed.

Effective Date: Once you have signed for this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.