

Welcome To Our Office

Thank you for choosing us as your pedorthic facility. We are committed to your treatment being successful, as you, the patient are our first and foremost concern. As part of our service, we try to contain the cost of health care. In an effort to do this, we have implemented a Financial Policy.

The following is a statement of our Financial Policy, which we request you read and sign prior to any treatment. To avoid any misunderstandings, please contact us should you have any questions about our policies.

SPECIAL CLAIMS: In an effort to provide excellent care to our patients, we have made arrangements to bill directly certain agencies and/or insurance plans on our patients behalf. These agencies/insurance plans are limited to the following:

- Worker's Compensation Board
- Veteran's Affairs
- Social Services
- Indian Affairs
- Green Shield

It is your responsibility to make us aware of your possible coverage under any one of these agencies before your 1st visit. In addition, you will be asked to provide the required contact information including name of case worker, contact phone number, band, claim, plan and/or certificate numbers, as applicable to your situation. Please fill out all required information on the Registration Form and bring your special identification cards with you for your 1st appointment. All special claims processing will be done by our office however you must sign section 9 of the Registration Form in order to authorize the payment of your benefits for our eligible services/products directly to our office.

OTHER INSURANCE: Your insurance policy is a contract between you and your insurance company. Privacy laws restrict access of personal health information and therefore **it is your responsibility to contact your insurance company regarding all inquiries for coverage of our services by your particular insurance plan including pre-authorizations, required documents, second opinions, etc.** Failure to do so may reduce the amount of benefits paid by your insurance, and the balance will then become your responsibility. You are also responsible for payment whether or not your insurance company covers our services.

If your doctor has provided you with a prescription for custom foot orthoses, custom footwear modifications or any other services, which we provide, we will provide you with the following items to facilitate your claim submission to your insurance company:

- A copy of your biomechanical assessment
- Your original invoice detailing services and/or products provided
- An insurance claim letter, signed by our Certified Pedorthist, which provides additional information to facilitate the claim process.

In addition, most insurance companies require that you submit an additional form for medical services and/or products. It is your responsibility to obtain this form, fill it out and submit it to your insurance company, if applicable in your situation.

NO INSURANCE: If you do not have insurance, please be prepared to fully cover the fees for your visit at the time of service.

PAYMENTS: Payments for the balance due are due at the time of service and may be made by cash, cheque, Visa or MasterCard. There will be a \$35.00 charge for returned cheques. Delinquent accounts will be charged a 2% per annum fee and be referred for collection at the discretion of the office manager.

MINOR PATIENTS: The adult or the parent (custodial guardian) accompanying a minor is responsible for payment of services. For unaccompanied minors, non-emergency treatment will be denied unless prior authorization from the parent or guardian has been made for the charges and treatment. Young adults (age 18 & over) are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs this financial agreement, regardless of insurance coverage.

MISSED APPOINTMENTS: Please help us serve you better by keeping scheduled appointments. If it is necessary to cancel, please call our office 24 hours in advance. This allows us to accommodate our other patients. We reserve the right to charge for missed appointments.

SUPPLIES (OTHER THAN ORTHOTICS): For your convenience we make some supplies such as orthopedic shoes, toe splints, etc. available for purchase in the office. If you choose to purchase these items, payment is due at the time of purchase. We cannot bill for these items.

ASSESSMENTS: Please be prepared to pay for the following at the time of your visit: the full cost of the assessment \$80. This fee is waived when you purchase our products.

Please complete the following:

I have read and agree to the terms set forth in the above financial policy. I am financially responsible for any balance due.

Signed _____ Date _____