



## **Financial and Payment Policy**

We would like to say “**thank you**” for choosing Magee Family Footcare, PLLC for your podiatric needs! Our physicians and staff are very concerned about the cost of your health care and want to inform you of our policies regarding payment.

1. In order to bill your insurance company for your health care costs, **it is extremely important that we obtain complete information about your primary and supplemental insurance companies, including phone numbers, addresses and a copy of your insurance card.** If this information is not provided, you will be required to pay any charges in full at the time of service. We will also use the information you provide to help you with your insurance company’s pre-authorization process, if required.
  - a. **If your insurance changes at any time we require a 48 hour notice** to verify benefits and complete required treatment precertification or authorizations when necessary. Failure to notify our Patient Accounts Department within this timeframe may result in a delay in receiving services or require that your visit be rescheduled.
  - b. To maintain accuracy in filing your claims **a copy of your picture ID and your insurance card(s) is required** at your first visit, any time your coverage changes and yearly.
2. At the time of your first appointment in our office you will meet and discuss your insurance plan with a representative from our Patient Accounts Department. Whenever possible, Magee Family Footcare, PLLC (hereinafter “MFFC”), will assist you with your understanding of your insurance policy details. However, **MFFC cannot guarantee confirmation of your coverage or benefits by your insurance company.**
3. **Payment in full is expected** when services are rendered unless other specific arrangements are made in advance with our Patient Accounts Department. For your convenience **we accept Visa, MasterCard, American Express, and Discover as well as personal checks, money orders and cash.**

**Fees** – Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of the care rendered and the skill and expertise required for your care. We have ensured that our fees are comparable to that of other physicians providing the same quality and level of care. Many private insurance companies, **in an effort to discount physician fees, restrict payment indicating that fees are over their “Usual and Customary” fees for this area.**

**Copays/Coinsurance/Deductibles** - Our Financial and Payment policy requires **payment for your deductible and/or co-insurance at the time of service for office visits and procedures.** We will file a claim for services on your behalf. In the event there are any additional balances, which may be your responsibility, **you will receive a statement that is to be paid before the end of the month.**

**Medicare & Medicare Advantage** – **We are a participating provider with Medicare and Medicare Advantage programs.** We will submit your claim to Medicare who will process any payment due directly to us. **You are responsible for your deductible and co-pays at the time of service.** If you have a Medigap (Supplemental Insurance) policy Medicare will automatically submit your secondary claims for you.

**Referrals** – If your insurance carrier requires a referral or authorization for your visit, **it is your responsibility to make sure that our office receives current valid authorization.** If you do not have a valid referral or authorization at the time of service, you may be sent back to your Primary Care Physician to obtain authorization prior to being treated or full payment will be expected at the time of service. **Please remember that it is your responsibility to make sure we are on your plan’s provider listing.** We appreciate your understanding of the ever-changing requirements of managed care plans and our position to adhere to their policies.



## Magee Family Footcare

**Medicaid** – We participate with Mississippi Medicaid and Magnolia Health Plan. A co-pay may be applied which is due at the time service is rendered.

**Secondary Insurance** – As a courtesy to you, our Patient Accounts Department will file your claim if we have valid information on file.

**HMO, EPO, POS and PPO Contracted Insurance** – We participate with most major insurance carriers and will file your claim for you. **You are responsible for your co-pay, coinsurance and/or deductible at the time of service and for any amounts not covered by your insurance.** If coverage is denied for any reason, you are responsible for payment of the entire balance.

**NON-Contracted Insurance (Out of Network)** – If you have an insurance plan that we do not participate with, you may have **out of network benefits. These benefits typically have a higher copay, coinsurance and/or deductible out of pocket cost.** If you choose to have services rendered at MFFC these amounts will be due at the time service is rendered. **You will be considered a self-pay, uninsured patient if you do NOT have out of network benefits.**

**Uninsured/Self-Pay** – We offer a **25% discount to all of our self-pay patients. Payment in full is expected at your first visit.** All other ancillary, treatment and future care will be reviewed with you in order to make arrangements for payment.

**Termination of Benefits** – It is your responsibility to contact us within **48 hours** of any appointment if you have any change in insurance coverage including COBRA benefits (see COBRA section below).

**COBRA** – It is our financial and payment policy that we **verify current coverage within 48 hours of your appointment for all patients who receive COBRA benefits.** If current coverage can **NOT** be verified, **ALL treatment will be scheduled at an Outpatient Infusion Center.** It is your responsibility to contact us immediately of any insurance change.

**Returned Checks** – Returned checks are subject to a **\$30 service charge.** If multiple returned checks are received, we reserve the right to refuse further checks from you and request that all payments be received in cash, money order, cashier's check or credit card.

**Non-Payment** – If any account becomes delinquent MFFC reserves the right to have a collection agency take over the account. **If any account is placed with a collection agency, the patient will be responsible for all costs of collection and any legal proceedings.** Timely payment will prevent consequences to your credit rating.

**We will work with patients in any way we can to ensure that their medical care is the finest available and that this care does not become a financial burden. If you have any questions about our financial policy or your insurance reimbursement, please contact our Patient Accounts Department.**

**Please sign and date this form, acknowledging that you have read and understand our financial policy.**

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Signature of Patient

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Date