

Office and Financial Policies

Welcome and thank you for choosing Oak Tree Podiatry, PA for your medical care. We are committed to providing you with the highest quality medical care in an efficient, timely, and cost-effective manner. Please take the time to read the following, ask any questions you may have, initial each section and sign at the bottom.

Initials: ___ Insurance. Your insurance policy is a contract between you and your insurance company. It is your responsibility to understand your policy in full. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. If your insurance company does not pay the practice or deems items / services non – covered and/ or not medically necessary, you will be responsible for payment in full. We will file with your secondary insurance (if applicable) once we receive the explanation of benefits from your primary insurance.

Initials: ___ Referrals. We are required to follow the guidelines of your managed care plan which mandates that you must have a referral from your primary care physician prior to seeking specialty care. Therefore, you are financially responsible for the services received due in full at time of visit, unless your referral is presented at the time of this visit. You will also be given the option to reschedule your appointment.

Initials: ___ Payment. Copayments as well as any past balances on your account are due upon check in. If additional services are rendered with known out of pocket expense, these will be collected at check out. We accept cash, check, and most major credit cards.

Initials: ___ Patient billing. You will be sent up to three notices for your financial responsibility (co-insurance, deductible) after payment and/or explanation of benefits is received from your insurance company. After the third and last notice, your account may be forwarded to collections. In the event that your insurance company should happen to send payment to you, the patient, we expect it forwarded it to our office to be applied to your balance.

Initials: ___ Dishonored Checks. A \$30.00 service fee will be assessed on all dishonored checks. We will be unable to see you until payment is made in full. If you have 2 occurrences we will no longer be able to accept checks.

Initials: ___ Appointments. If you arrive more than 30 minutes late, you may be asked to reschedule your appointment. Cancellations are required 24 hours prior to your appointment or a \$25.00 charge may be applied.

Initials: ___ Self Pay: Payment in full is due at the time of service. We offer a discount for those without health insurance.

Initials: ___ Pain Medications. Dr. Borkosky only prescribes narcotic pain medication for surgical patients. She will provide one refill. For your safety, any additional narcotic pain medication requests will be sent to your PCP or a pain management specialist.

Assignment of Benefits

I, the undersigned, certify that I (or my dependent) have coverage with my insurance as presented and assign directly to Oak Tree Podiatry, PA all insurance benefits, payable to me for services rendered. I understand that I am responsible for payment of deductibles, co-payments, and/or non-covered services. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize RELEASE OF MEDICAL INFORMATION to my insurance carrier, or requested physician to provide continuity of care. I authorize the use of this signature on all insurance submissions.

I understand that it is my responsibility to inform the doctor's office if there is a change in my health insurance information.

PRINT Patient Name: _____ Signature: _____

FINANCIALLY RESPONSIBLE PARTY:

PRINT Name: _____ Signature: _____

Relationship to Patient: _____