AESTHETIC & FAMILY PODIATRY CENTER

3859 Bee Ridge Rd Suite 101
Sarasota, Florida 34233

Financial Policy

Thank you for choosing Aesthetic and Family Podiatry Center as your health care provider. We are committed to your treatment being successful. Please understand that payment is part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment being performed. All patients must complete our information form and patient history form before being seen by the doctor.

WE ACCEPT: Only Cash and Checks, Credit Card Payment is not available at this time.

We cannot bill your insurance company unless you provide us with all the information needed to do so. We must have a copy of your insurance card, Social Security card and Driver's license.

We accept assignment on some insurances, **but not all**. Due to the many changes in Health Care insurances, we are not able to keep up with the task of knowing all insurance plans or your individual policy. It is your responsibility to confirm with your insurance carrier, whether we are a provider under your plan. Please remember your insurance policy is a contract between you and your insurance company. **We are not a party to that contract.**

If you have a Managed Care or HMO insurance plan it is your responsibility to obtain the first authorization, as we do not have your insurance information prior to your arrival at our office. After that we will do everything possible to assist you in obtaining further authorizations as long as there have been no insurance changes.

We will file your "in state" insurance claims, as a courtesy to you, the patient. If your insurance is filed out of state or if we do not participate with your insurance carrier, we require payment in full at the time of service. In this event, we will provide you with a detailed receipt with which you may file your claim.

Minors: Minors must be accompanied by a parent/guardian. The parent/guardian with the minor will be responsible for payment in full.

Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance programs. Our practice is committed to providing the best treatment for our patients and we charge fees which are usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

All co-payments, co-insurance, and plan deductible fees are due at time of service.

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Signature of Patient or Responsible Party **Date**

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Printed Name of Patient