

# Wilks Advanced Foot Care

## G. Jason Wilks, DPM, PC

### OFFICE AND FINANCIAL POLICY

Welcome and thank you for choosing our office for your Podiatric foot care needs. G. Jason Wilks, DPM, PC/Wilks Advanced Foot Care would like to inform you of our office and financial policies. Your clear understanding of our Financial Policy is important to our professional relationship. Please do not hesitate to ask for further explanation if there is anything you do not understand.

**Registration** - We ask that you accurately complete the *Patient Information Form*. You will be asked to update your information on a regular basis. A copy of your current insurance card will be kept in your chart. Please be sure to have the most current insurance card and information available for your appointments. If you have a secondary insurance company, we will bill them one time. If your secondary insurance does not pay the balance due or cover certain services, the balance will be billed to you and due at that time.

**Insurance and Payment** - All co-payments are due at the time of your visit. If you have an unmet deductible we pre-collect 60% of the charges incurred that your insurance will apply towards your deductible. Financial arrangements, if necessary, must be made **before** seeing the doctor.

Your balance will depend on the scheduled services and if the doctor is a participating provider with your insurance plan. We are a Medicare provider and also a provider for most PPO and HMO plans in our area, however, coverage for our services may vary. Insurance is billed as a courtesy to our patients and does not release the patient from payment responsibility. We allow 45 days for insurance to make payment and then payment responsibility is transferred to the patient.

**Balances/Collection Fees:** Regardless of insurance coverage, the patient is ultimately responsible for payment and insurance may not cover all services. If balances are not paid within 14 days from the statement date a \$15.00 rebilling fee will be added to each additional statement sent for the unpaid balance. A consistent attempt will be made to collect outstanding account balances. Past due accounts, more than **90 days**, will be turned over to our collection agency and \$60.00 fee will be added to cover collection costs.

**Returned Checks** - A \$25.00 service charge fee will be assessed for every check returned to us. The returned check plus the service charge fee *must* be paid in cash within five business days.

**Appointment Cancellation** – We request 24-hour notice for cancellations. We will try to accommodate you in rescheduling your appointment as soon as possible when calling our office with an emergency. We reserve the right to charge a **\$45.00 fee** for any appointment that is missed (**no show**). Your insurance company does not cover this fee. We reserve the right to discharge patient with 3 “no shows”.

**Patient Representatives** - If you are unable to handle your own financial affairs, appoint someone to assist you. Advise the office with the name of the person you have assigned to assist with your finances, so that financial confidentiality is maintained.

I have read the above policy and understand my financial responsibility to Dr. Wilks for medical services provided. I am aware that regardless of any insurance coverage I may have, I am responsible for payment of my account. I agree to pay Dr. Wilks any balance due or unpaid/non-covered services. I hereby authorize the doctor to release information necessary to secure payment.

---

Patient/Representative Signature

---

Date