Family Foot Center

526 N Mullan Rd
Spokane Valley, WA 99206
PH: (509) 924-2600
FX: (509) 926-9865
www.familyfootctr.com

Patient Financial Responsibility

Thank you for choosing Family Foot Care for your care. We are committed to providing you with quality, affordable health care. We have prepared the following information to help you understand how we can work together to make sure you have the information you need to meet your financial responsibilities for the care and services you receive.

KNOW WHICH SERVICES YOUR INSURANCE WILL COVER
Health insurance coverage is a contract between you and your insurance company. It's best if you know which services your insurance will cover before you receive care. That way, there are no surprises for either of us. If you're not sure about your coverage, please ask you insurance company. If you have no insurance, or do no give us correct information, you will be responsible for the full cost of the services you receive.

COPAYMENTS: Please plan to pay your copayment at the time you receive care or services. If you are not able to pay at the time you receive care or services, you will be assessed a $5 charge and receive a bill. The total amount you owe might change after your appointment, depending on the actual care or services you receive. You are responsible for all or part of the charges, based on your coverage and insurance plan. It is important to know that even if a service is covered, your insurance plan might not pay the charges in full.

CARE AND SERVICES NOT COVERED BY YOUR INSURANCE PLAN: Not every service is covered by every insurance plan. Some or all of the care or services you receive might not be covered, or might not be considered medically necessary by your insurance plan. If that is the case, you will be responsible for the full cost. We will usually ask your insurance company to approve services in advance if there is any question about coverage. If you receive a service that is not covered, we will expect payment in full at the time of your visit. The inquiry to your insurance company is not a guarantee of payment nor coverage. This is only a courtesy to you.

PAYMENT: Payment for all bills is due within 20 days. You may pay by cash, check, or credit/debit card. If we do not receive payment, we will continue to send you bills for 90 days with a 1.5% interest per month. If you fail to pay your bills within the 90 days, your unpaid balance will be referred to a collection agency. You will be responsible for any collection agency fees that apply. **Returned checks:** Family Foot Center accepts personal checks as a form of payment. $25 charge for all returned checks. **Overpayments:** Before we refund a credit balance or overpayment on your account, we will apply that amount to any outstanding balances for your or any dependents covered by your health care plan. We will refund you for any remaining balance.

ORTHOTICS: Orthotics can be a non-covered service by some insurance plans. Please check with your insurance company prior to the examination and casting for orthotics to determine your orthotic benefits. A deposit of $250.00 is requested at the time of the examination and casting and full payment is due when the orthotics are dispensed. Orthotics are non-refundable nor non-returnable.

SUPPLIES: For your convenience we make some supplies available for purchase in the office. If you choose to purchase these items, payment is due at time of purchase. We cannot bill for these items.

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

Printed patient name: _____

Signature: _____ Date: _____
Parent or Authorized Representative (If applicable)_____
Questions?
Please contact the billing staff at (509) 924-2600, if you have questions about anything in this policy.