

Financial Policy

Welcome to Capital Foot & Ankle we are glad you chose our practice for your podiatric care. We would like you to understand our billing policies. We are contracted with most insurance companies, and will bill them in accordance with our contract. Capital Foot & Ankle is not a Medi-Cal provider and we do not bill this insurance. If this is your secondary insurance, you will be responsible for the balance after your primary insurance pays. We will bill all other secondary insurance plans. You will be responsible for co-pays, co-insurance, and deductibles. These are to be paid at the time of service.

You are responsible for any balance not covered by insurance (examples: denied services, or services not covered by your plan, co-pay, co-insurance and deductibles). We require payment when statements are received. If you are having problems with payment, please contact our office immediately. We accept credit cards, checks and cash. We resort to a collection agency when balances are not paid in a timely manner.

You are responsible for letting our practice know if there are any changes to your insurance, address, and telephone number. To bill correctly, we require a copy of your current insurance card.

If you are having surgery, we advise you to know and understand your insurance coverage. We will contact your insurance to determine if you need a prior authorization and obtain one if required. We may require you to pay a deposit, deductible, or co-pay prior to surgery. This is not attached or associated with the deposits the surgery centers collect.

No Shows

Please be advised that if you do not show up for your appointment you will be charged \$50 for a No Show Appointment. This fee will not be covered by your insurance company and will be your sole responsibility. Please bear in mind this is only being done to better serve our patients by improving access to appointment times often taken by patients who have scheduled appointment and failed to utilize them.

Forms Completion

It is our office policy to charge \$25.00 for any request for correspondence such as disability forms. See the attached form fee. EDD forms will be mailed, we require you pick up all other forms. You will receive a call from us on completion of forms. Processing time is 7 to 10 days for form completion.

Patient Signature: _____ Date: _____