CALO Foot & Ankle Specialists, PLLC

Eugenio Rivera, DPM, FACFAS
Richard Rees, DPM, FACFAS
Board Certified in Foot Surgery

6565 W Loop S, Suite 101
Bellaire, TX 77401
713-987-7791 F: 713-668-8500

PRACTICE FINANCIAL POLICY

In order to establish optimal relations with our patients and avoid misunderstandings and confusion regarding payment guidelines, our staff is trained to consistently inform you of the financial policies of our office.

PROVIDING QUALITY MEDICAL CARE FOR OUR PATIENTS IS OUR PRIMARY CONCERN. We will be more than glad to provide that care within the guidelines of your contract with your insurance company; however, it is your responsibility to understand your benefits and to call your insurance company for clarification of questions relating to your coverage. **Payment for non-covered charges and balances not paid by your insurance company is ultimately your responsibility.**

Please read and initial each policy below.

- All patients are responsible for ensuring our office has the current insurance information, including insurance plan name, policy ID#, subscriber information, claims billing address, and insurance plan phone number, at least 24 hours prior to scheduled appointments. Any patient who presents new insurance information at the time of an appointment will be responsible for paying the full amount for the visit at the insurance plan's allowable rate. A receipt will then be given to the patient to file for reimbursement by the insurance plan, since our office will not file a claim to the insurance plan in this scenario **____Initials**

- If our office has current insurance information on file at least 24 hours prior to a patient's appointment, we will obtain in-office benefits for insurance plans with whom we are Preferred Providers (contracted health plans). Once these benefits have been determined, payment of any co-pays, annual deductibles, co-insurances, and/or non-covered procedures is required at the time services are rendered. **____Initials**

- HMO patients and some managed care patients are responsible for obtaining the necessary referrals prior to their appointment. Please call your insurance company to determine if a referral is required from you Primary Care Physician. Appointments may be rescheduled if our office does not receive the required referral by the time of your visit. In addition, unauthorized (referral not obtained) and non-covered services is the patient's responsibility and full payment for these services is expected at the time of visit. **____Initials**

- Patients with health insurance with who we are not contracted are expected to pay for the full charges at the time of visit. An Attending Physicians' Statement will be provided to you to submit to you insurance company for reimbursement. We do not file insurance claims for non-contracted health plans including none—contracted secondary plans. **____Initials**

- **There will be a $25.00 charge for missed appointments not cancelled 24 hours prior to your appointment time.** **____Initials**
- **There will be a $35.00 surcharge for all checks written and returned by the bank due to insufficient funds.** **____Initials**

With your cooperation, you should be able to receive all the benefits offered to you by your insurance plan, allowing us to do what we do best – concentrating on your foot care.

I UNDERSTAND AND AM WILLING TO COMPLY WITH THE ABOVE POLICIES

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Print Patient/Responsible Party's Name

_____ _____

Patient/Responsible Party's Signature Date