

# Eastern Shore Foot Center

## *Financial Policy*

**Eastern Shore Foot Center** welcomes you to our office on the Eastern Shore. Prior to your visit with our staff we feel that you, our patient, have the right to know our financial policy, as well as our procedure for filing your insurance.

**Medical Insurance:** If you are covered by Medical Insurance (basic and major medical), please show your identification cards to the business secretary. If you have more than one policy, we will use it as a Co-Insurance to increase your rate of reimbursement. We will be happy to assist you with your insurance claim by filling out all the forms and supplying all the necessary additional information to maximize your reimbursement, (we do this as a courtesy, there is no charge). Upon receipt of the insurance payment we will reconcile the account, and bill or refund any difference. We will not render services on the assumption that the charges will be paid in full by your insurance company.

**Medicare:** Please be advised that MEDICARE may not pay for all treatments which may be medically necessary in your particular case. Medicare only pays 80% of services that are covered. The remaining 20% may be covered fully or partially by your secondary insurance, nevertheless you may have some out-of-pocket expenses.

**Surgical Information:** An itemized listing will be given to you at the time of diagnostic conference. This will be a guideline from which to base the overall fee. At times the amount may vary due to unforeseen conditions as treatment progresses. Our business office will discuss this in full with you at the conclusion of your initial visit.

In the event that Dr. Braun deems it necessary to place this account with an attorney for collection, the undersigned person(s) agrees to pay all costs of the court and a reasonable attorney's fee whether or not suit is filed in addition to the principal sum of any existing debt. Dr. Braun and her staff hopes this will not become a necessary action, and will try to help, if a valid problem in payment does arise.

I have read this document in full and understand the information that is stated therein.

**Signature of Patient or Guardian:** \_\_\_\_\_