

FINANCIAL POLICY

We would like to take this opportunity to welcome you to our office and assure you that we will do our utmost to provide you with the best care possible.

It is the sincere commitment of Dr. Carol Latzanich and Dr. Scott Kissell and the patient to clear balances within 60 days of treatment. We will be glad to help you obtain the appropriate benefit from your insurance carrier and we will bill your carrier as a courtesy to you. However, you are ultimately responsible for the payments to the account. Your insurance policy is a contract between you and your insurance company, not the doctor and the insurance company. The amount paid by your insurance company depends on the type and quality of your coverage.

You are responsible for any deductible in your insurance policy. Example: each year every Medicare beneficiary is responsible for the first \$100 in medical fees billed by any doctor in your name. This is your responsibility, this is your \$100 deductible.

If applicable, you are responsible for a co-payment if required by your insurance company. If it is a set co-pay money amount that is due at the time of service. If it is a certain percentage, we will generally bill the insurance carrier, and when we receive the explanation of benefits, the EOB will determine the co-pay.

Patients are responsible for any returned/bounced checks. Checks returned by your bank are subject to a \$20.00 surcharge plus any applicable bank fees.

I have read the above information and understand the financial policy of Pocono Podiatry Associates, P.C. I authorize the release of any medical information necessary to process a claim on my behalf. I authorize payment of all medical benefits to Pocono Podiatry Associates, P.C.

Signature of Patient or Responsible Party

Date

MEDICARE PATIENTS

PATIENT NAME _____

MEDICARE NUMBER _____

"I request that payment of authorized Medicare benefits be made either to me on my behalf to Dr. Carol Latzanich, Dr. Scott Kissell or Pocono Podiatry Associates, P.C. for any services furnished to me by physician or supplier. I authorize any holder of medical information regarding me to be released to the Health Care Finance Administration and its agents any information needed to determine these benefits or the benefits payable for related services".

Medicare will only pay for services that it determines to be reasonable and necessary under section 1842(a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under Medicare program standards, Medicare will deny payment for that service and it will then be the responsibility of the patient to pay for that service.

Signature of Patient

Date