

# FUTCH | PODIATRY

145 Hilden Road | Suite 103 | Ponte Vedra, Florida 32081 | 904-615-1853 | 904-615-1873 (fax)

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## FINANCIAL POLICY : PLEASE READ CAREFULLY

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1. All co-payments are due at the time of visit. Post-dated checks are not accepted.
2. Co-insurance and unmet deductibles are due prior to scheduled surgeries and procedures. Once benefits are verified and your financial responsibility calculated, you will be notified of the payment amount and due date.
3. You are ultimately responsible for payment of charges for services you receive from our office.
4. In accordance with your insurance member handbook, it is your responsibility to provide accurate insurance information and to present your insurance ID card at the time of your visit. If you do not have insurance or do not present a valid insurance card, you will be responsible for payment at the time of service. We will provide you with a copy of our billing form so that you can obtain reimbursement from your insurance company.
5. It is your responsibility to ensure that our physician is in your insurance network.
6. If your plan requires a referral, it is your responsibility to obtain this prior to being seen by our provider.
7. Cancellations for appointments and procedures must be received at least 24 hours prior to the scheduled appointment. Cancellations for scheduled surgery must be received at least 5 days prior to the scheduled surgery date and time.
8. Payment is due for rendered services 10 days from receipt of your billing statement. Unpaid previous balances must be paid in full prior to any additional visits, unless arrangements have been made with our financial counselor.
9. The returned check fee is \$30.00.
10. Patients who fail to keep and fail to cancel a scheduled appointment may be charged a \$40.00 no show fee. There is a \$100.00 cancellation fee for scheduled surgeries that are cancelled less than 5 business days from the date and time of surgery, unless cancellation is due to insurance denial or medical necessity.
11. Medical records requests must be received in writing at least 72 hours prior to the date needed. Fees for medical records are set in accordance with allowable amounts as defined by the State of Georgia. Fees must be received prior to record delivery. No more than 5 pages may be faxed.
12. Administrative Services: there is a \$25.00 charge for **each** Administrative Service payable prior to service completion. This Administrative Service Fee covers specific administrative services such as forms completion for family medical leave and disability, letters for insurance authorization for brand or non-formulary drugs, letters for employers, school, health clubs, and any other administrative item not covered by insurance.