



Office Financial Policy

1. At your initial visit, payment in full is due at time of service. (Excluding Medicare, Medicaid, and VA) As a courtesy we will bill your insurance. You will be refunded the amount your insurance covers. We accept cash, check, debit and all major credit cards.
2. Once your insurance pays for your 1st visit, your subsequent visits to the clinic we will collect your copay or coinsurance.
3. It is your responsibility to provide accurate insurance information and to present insurance ID card and picture identification at the time of your visit.
4. Surgical Patients are required to leave a \$500 deposit prior to surgery. Patients will be notified after their insurance has paid their surgical fees. The remaining balance is due within 30 days.
5. All custom orthotics require payment in full at time of ordering. We will bill your insurance. If it is a covered benefit, you will receive a refund for the amount covered by your insurance.
6. It is your responsibility to understand your benefit plan. Not all services provided by our office are covered by every plan. Our office will do our best to inform you of non-covered services. Any service determined not covered by your plan will be your responsibility.
7. Patient balances are billed monthly.
8. It is your responsibility to ensure that our clinic is in your network.
9. All medical records requests will be processed within 10 days. There is a charge for digital copies of X-rays.
10. Failure to show to your appointment, without contacting our office will result in a \$70 fee.

I have read and understand Bozeman Podiatric Clinic's financial policy and agree to comply and accept the responsibility for any payment that comes due as outlined above.

Name of Individual/Legal Guardian (Print)

Signature

Date

Name of Patient