



Alaska Foot & Ankle
Specialists

PATIENT FINANCIAL POLICY SHEET

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with the office manager or billing department. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept check, Visa or Mastercard.

INSURANCE CLAIMS

As a courtesy, AFAS submit claims to insurance companies for payment of services. Patients are required to pay their contracted co-pay, co-insurance and/or deductible per their insurance plan at checkout.

FINANCIAL AGREEMENT

Financial agreements may be offered on a case-by-case basis. Balances may not be carried for more than a three-month period. The patient must pay 50% of the total on the day of visit and the remainder may be divided in to two monthly payments. Self-pay NEW patient visits must be PAID in FULL.

A financial agreement will be allowed on the basis of the following:

- Visit/procedure was considered medically necessary, i.e. possible broken bone, ingrown nail, etc.
- Outstanding account balances are not covered by the insurance carrier

Financial agreements will not be offered for:

- *Routine foot care (nail trim, callouses, etc)*
- *Supplies and non-urgent services*

YOUR INSURANCE

• We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans and will only require you to pay your co-pay, co-insurance and/or deductible at the time of service. Co-payment is due when you checkout.

• If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of the service.

• In the event that your health plan determines a service to be “not covered,” you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

• We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

MINOR PATIENTS

For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.