

Billing and Financial Policy & Notice of Privacy Practices

Brentwood Podiatry
Office of James M. Greer, DPM

The following sets forth our office policies. Please review this information thoroughly and sign where indicated below.

Always provide current, accurate personal identification, contact and insurance information - at the time services are rendered and notify Brentwood Podiatry of any changes in your contact information or insurance coverage.

Insurance Plans and Coverage - Insurance cards need to be provided on the day of your appointment. By providing the Insurance information, the patient assigns all insurance benefits for services rendered directly to Dr. Greer. It is the responsibility of the patient to check their plan coverage and to verify participating providers in their plan. The patient is responsible for any services rendered that are not a covered benefit of their plan. Although billing is a courtesy that most medical practices offer, we do not negotiate for items not paid. That is the responsibility of the patient.

Co-payments (Copays) - The patient is responsible for knowing their insurance specialist co-pay and to pay this prior to services rendered. This is a contractual agreement with your health plan and is always **collected at the time of service**.

Product Purchases – Items not covered by insurance and purchased by the patient, (ie; Over-the-counter orthotics, bandages, creams, etc.) are due at the time of service. Any items that leave the office without payment, including unpaid copays, will incur a **\$10.00** processing/invoicing fee per “Date of Service.”

Referral to see a Specialist - Doctor Greer is a “Specialist” by insurance standards. If your insurance plan requires a referral to see a specialist, the patient is responsible to provide it to us for the date of service prior to the appointment.

Surgery/Surgical Procedures/Cancellation and NO SHOW Fees – Brentwood Podiatry will obtain the necessary authorizations prior to surgery. Although your insurance company may issue an authorization for surgery, they maintain that it is never a guarantee of payment. If that should occur, the patient is responsible for payment. Surgery preparation by our staff and by the surgery center is costly and time consuming. Once scheduled if the surgery is canceled or there is a No Show, you will be subject to a **\$150.00** fee. This fee must be cleared before the patient’s next appointment.

Missed Appointment Fee - A “Missed Appointment” fee of **\$50.00** will be billed directly to the patient if a 24 hour cancellation notice is not provided to the office. All fees must be cleared with the office prior to your next appointment.

Returned Checks – Checks returned for non-sufficient funds (NSF) or Stopped Payment will result in a **\$25.00** fee per check. All monies due must be made by cash, money order, cashier’s check or credit card and must be cleared through the office prior to the patient’s next appointment. These balances may be sent to collections immediately.

Disability, FMLA, and associated forms/filings - There is a **\$25.00** processing fee to complete disability, FMLA, or other requested paperwork associated with my care. This fee is payable prior to release of information.

Collections – Any amounts due from the patient after all insurance claims have been processed are due within thirty (30) days of billing. A total of three (3) statements will be mailed to the address on file with Brentwood Podiatry. Accounts may be sent to an outside Collection Agency without three (3) statements being mailed if the statement is returned to us as undeliverable. The expenses associated with the Collection Agency are the responsibility of the patient.

A COLLECTION FEE OF 43% OF THE UNPAID BALANCE WILL BE ADDED TO THE ACCOUNT AS SOON AS THE ACCOUNT IS TRANSFERRED TO THE OUTSIDE COLLECTION AGENCY.

Privacy and HIPAA - The privacy of medical information is important to Brentwood Podiatry and the patient acknowledges that they have certain duties regarding the use and disclosure of medical information in accordance with the *Notice of Privacy Practices*. I understand that a *Notice of Privacy Practices* brochure has been made available to me from Brentwood Podiatry.

Acknowledgement – By consenting to treatment you acknowledge that you are accepting our Financial and Billing Policy and any handwritten changes/additions to this document (other than name/signature/date) are considered invalid. You also understand that this policy is subject to change and, by consenting to treatment, you also agree that you will also be subject to the new policy should this occur. You can request a copy of the current Billing and Financial Policy at any time.

Print Patient's Name
Updated: April 2024

Authorized Signature

Date