

# Orange Ca Podiatry

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## Financial Policy

Thank you for choosing our office to provide you with medical care. We are committed to serving you with skill and high quality care. The medical services provided by our office are services you have elected to receive which may imply a financial responsibility on your part.

**Insurance:** We participate in most insurance plans. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Medicare:** We are a participating Medicare provider. We accept Medicare benefits amount. Medicare as well as your secondary insurance (if any) will be billed for your. However, that does not mean that all services are covered. Patients are responsible for paying their annual deductible if it has not yet been met. You are also responsible for any copayments, which are usually 20% of the allowed amount for an item or service.

**Secondary Insurance:** Your medical claim will be forwarded to your secondary insurance (if any) after payment and / or explanation of benefits (EOB) is received from your primary insurance company.

**Self Pay:** Payment in full is due at the time of service if you do not have health insurance.

**Non-Covered Services:** Please be aware that some of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You are responsible for full payment of these services at the time of services.

**Referrals / Authorizations:** We are required to follow the guidelines of your managed care plan which mandates us that when you visit a specialist such as ours, you must have a referral/ authorization from your primary care physician prior to seeking specialty care. Therefore, you are financially responsible for the services received, unless your referral/ authorization is presented at the time of this visit. If you do not have a referral/ authorization from your primary care physician at the time of a visit, you will be financially responsible for all services received due in full upon completion of the visit.

**Claim Submission:** We will submit your claims and assist you in any way we reasonably can to help get your claim paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

**Patient Billing:** All co-payments, co-insurance, or deductible amounts must be paid AT THE TIME OF SERVICE. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your portion of insurance benefits at each visit. As a courtesy, our office does verify benefits with your insurance carrier; however, the insurance agreement is a contract between you and your insurance carrier. It is recommended that you verify your benefits with your carrier as well.

**Physician Phone Calls:** Phone calls with your physician(s) are a billable service, may be billed to your insurance company/ companies, and are subject to your insurance benefits. You are responsible for your portion of insurance benefits for physician phone calls.

**Custom and Non-Custom Durable Medical Equipment Returns:** any durable medial equipment item may not be returned for any reason.