



Dr. Steven E. Black, D.P.M
Podiatry – Foot Surgery
Office Policy

Please read the following information concerning financial responsibility and sign below

1. For all patients with HMO, PPO, or MC: It is the patient's responsibility to obtain the proper referrals from your Primary Care Physician prior to your visit so that you can receive the maximum benefits from your insurance for services. Back referrals are not an accepted practice by a physician's office or your insurance company. Check with your insurance company to make sure that our practice is in your network.

I agree to pay all charges in the event that a proper referral is not obtained!

2. For all Medicare patients: We are a participating practice with Medicare, which means, we will accept the amount that Medicare approves for our services. Medicare pays 80% of their established rate of services. You as the patient are responsible for the remaining 20% of the fees whether through secondary insurance or self-payments. Medicare also has a standard deductible starting in January of each year that must be met before payment of services rendered.
3. If your insurance plan has a standard co-payment, you will be expected to make a payment at the time of your visit.
4. **Accepted methods of payment are cash, personal checks, Visa, American Express, Master Card, and Discover.**

We are required to process your insurance claims with your primary insurance carriers. We will bill any secondary insurance as a professional courtesy to you, the patient. Have a current copy of your insurance card handy so that we may keep a copy in your records. If you change insurance companies during the course of treatment, please provide us with the updated information promptly. It is our policy to bill your insurance companies for reimbursement; however, we shall allow no more than sixty (60) days for payment. After sixty (60) days, you will be billed for any outstanding balances on your account. We will be more than happy to help you with any problems you have with your insurance company. All outstanding balances are due thirty (30) days from the statement date.

The following items that are completed by Dr. Black or his staff will have the following charges:

Jury Duty Summons	\$10	Disability Parking Placard Forms	\$10
Disability Forms (State/Private)	\$20	Supplement Reports	\$40
Dictated Letters or Reports	\$75	Attorney or Insurance Letters	\$75
Chart Copy: First 50 Pages	\$15		
Addition Chart Pages (each)	\$0.25		

I have and understand the above statements and I directly assign all medical and surgical benefits to the doctor. I understand that I am financially responsible for all charges whether paid by my insurance provider or not. I authorize the doctor to release all information necessary to secure payment of my benefits.

Signed _____

Date _____