ADVANCED FOOT & ANKLE SPECIALISTS OF JACKSONVILLE

Philip Adler, DPM, ABPS, FACFAS
Emily Graves Niles, DPM
Beth Pearce, DPM, FACPM
Michael Toney, DPM, ABPS, ABPOPPM

Financial Policy

*** CO-PAY, CO-INSURANCE, DEDUCTIBLES AND BALANCES ARE DUE AT THE TIME OF SERVICE***

Adler Podiatry Clinic PLLC does not bill or extend credit. Accepted forms of payment are **CASH, CHECK, AMEX, DISCOVER, MASTERCARD, AND VISA.** We cannot hold checks. You are subject to a $40.00 fee for any check that is returned. It will be your responsibility to make good on any returned check within 10 business days, if you fail to do so you will be sent to the State Attorney's Office.

We bill insurance as a courtesy, it is your responsibility to verify if the doctor you are seeing is in your network, and whether a referral or authorization is required for your visit. **IF YOUR INSURANCE CARRIER CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY US WHEN CHECKING IN. IF YOU FAIL TO DO SO, YOU MAY BECOME RESPONSIBLE FOR THE FULL AMOUNT OF THE VISIT**. Should you provide us with incorrect information and wish to have claims resubmitted to correct insurance you will be charged $10.00 per claim resubmission. Your insurance will not pay this fee. Insurance is a contract between you and your insurance company. We will not become involved in any disputes between either party. You are responsible for the timely payment of your account. Any unpaid insurance claim over 45 days old, will become your responsibility, payment will be required within 30 days upon receipt of the bill. In the event there is a remaining balance we will send you a statement. Failure to pay the statement in a timely manner may result in your account being placed in collections. If your account is sent to collections, you will be responsible for any additional fees, Including a 40% collection agency fee. You will not be able to return to our office until balance is paid in full.

A fee of **$35.00** will be charged to your account for any appointment that is missed, canceled or rescheduled without 24-hour notice. For late arrivals we reserve the right to reschedule your appointment, subject to a $35.00 fee. These charges will be enforced and are not covered by insurance. Payment will be required prior to scheduling of any future appointments.

* I understand and agree that, regardless of my insurance status, I am responsible for the balance on my account for any professional services rendered, not covered by insurance. I have read all the information above and understand it to the best of my knowledge. I will notify you of any and all future changes.

Print name: _____ Signature: _____ Date: _____

5819 Booth Rd, Jacksonville, FL 32207
Tel: (904) 731-1711 Fax: (904) 731-9270
www.advancedfootjax.com