

FOOT & ANKLE CENTER

912 S. Pleasant Valley Road
Winchester, VA 22601

921 E. Main Street
Purcellville, VA 20132

303 Maple Avenue West
Vienna, VA 22180

107 Tavern Road
Martinsburg, WV 25401

Alex Gorenshtein, D.P.M

Christen L. Lonas, D.P.M.

Roland S. Ramdass, D.P.M.

Tiomara Paylor, D.P.M.

OUR FINANCIAL POLICY

Thank you for choosing us as your podiatrist. We are committed to your health. Please understand that payment of your bill is considered a part of your treatment. We believe that everyone benefits from a clear financial agreement before treatment. To make your financial arrangements as easy as possible we have the following methods of payment:

PLEASE CHECK ONE PLAN:

- PLAN 1: PAYMENT UPON SERVICE** Payment in full on date of service.
Cash or Check
Master Card, Visa or Discover
- PLAN 2: INSURANCE (participating/non-participating)** If you have an insurance plan that are filing for you, you will be responsible for any co-pay or percent of the charges that your insurance does not cover at the time of service. We will submit the claim on your behalf as a courtesy and convenience to you. You, however, are primarily liable. If a balance remains on your account after the insurance company has processed your claim, this balance will be due immediately.

INTEREST:

We will bill you for any remaining balance once your insurance company has processed the claim and sent us an Explanation of Benefits (EOB). All balances are the responsibility of the patient and must be cleared immediately. You will have a grace period of 25 days without interest. Balances remaining after this time will be subject to 1.5% interest per month, up to 18% per year until payment is received. There will be a \$5.00 service charge for each additional statement after the first one. There will be a \$25.00 fee assessed on all returned checks.

DEFAULT:

I understand that for the professional medical services received by me from the Foot and Ankle Center, P.C., I agree to pay all reasonable costs of collection, including attorney's fees of 33 1/3% or other collection agency fees, as well as interest in the event my account is submitted for collection. I also waive the benefit of all homestead or other exemptions as to the collection of my account.

MISSED APPOINTMENTS:

We require 24 hour notice to reschedule or cancel an appointment. There will be a \$25.00 fee assessed for all missed appointments/ "No Shows", as well as, cancellations with less than 24 hour notice.

I certify that I have read the information contained in this financial form and agree to the terms listed.

Print Name (Name of guardian if patient is a minor)

Signature

Date