

Summit Podiatry

Financial Policy

Thank you for choosing Summit Podiatry to meet your specialized medical needs. We are committed to providing you with the best treatment available. The following is a statement of our financial policy, of which we require that you read and sign.

Co pays and / or deductible are due in full at the time of service.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. If your insurance company does not pay the practice within a reasonable period of time, or deems items / service non –covered and/ or not medically necessary, you will be responsible for payment in full.

Accounts are due and payable as of the date billed. Unpaid balances will be considered delinquent after 60 days. If an account becomes past due with no valid reason, collection action will be taken to recover the balance due. Should financial problems arise, please contact our office as soon as possible.

All medical forms from employers, insurance companies, medical leave forms, etc.... will be filled out upon request and a fee may be charged.

For your convenience, we accept Cash, Checks, Visa, MasterCard, AMEX and Discover

There is a \$25.00 service fee for all returned checks.

Thank you for your understanding our financial policy. Please let us know if you have any questions.

I have read the above Financial Policy; I understand and agree to this Financial Policy.

X _____ Date _____
Signature of Patient or Responsible Party