

Ankle & Foot Specialists

Thomas M. Reed, D.P.M., FACFAS
Diplomate: American Board of Foot & Ankle Surgery

Travis W. Dupuis, D.P.M., FACFAS
Diplomate: American Board of Foot & Ankle Surgery

Dear Patient,

In an effort to continue to provide you with the highest quality of care, it is necessary for us to maintain definite financial policies that will bring order and continuity to the office management. At this time, we file your insurance if you are on a managed care plan. However, in recent years, we are finding that the insurance companies are not addressing claims in a timely manner. The Texas Department of Insurance is aware of the problem but has been essentially ineffective to hold insurance companies accountable for their delay in timely payments. Without major legislative efforts, you can expect the problem to get worse. In the meantime, we will only file your insurance according to the Texas Department of Insurance guidelines. If payment from the insurance company is not received within 45 days of our filing, you will become responsible for the account balance. You will be required to satisfy your account within 30 days. If not paid within 30 days, a \$25.00 service charge will be added to your account balance for each month that you are billed. If the balance is not paid within 90 days, the account will be turned over to the appropriate collection agency, credit bureau, or small claims court. You will be notified of your account status on a monthly basis.

Another account problem that we have encountered is that many people do not provide us with correct and up-to-date insurance information. Insurance coverage in today's healthcare industry may change once or even twice a year. It is critical that you give us correct insurance information at the time of your appointment. If we do not have the correct insurance at the time of your visit, the balance will be your responsibility and due when the services are rendered. We will provide you with all the necessary paperwork for you to file the claim at your convenience. Please understand that the benefits that you have with your insurance company represent a contract between you and the employer. The amount of coverage you will receive depends on the quality of the plan purchased by the employer and not by the fees we charge.

Thank you for your cooperation on this matter as we try our best to provide quality foot and ankle care in this difficult managed care environment.

Respectfully,

Thomas M. Reed, D.P.M.
Travis W. Dupuis, D.P.M.

I have read, understand, and accept this policy.

X _____
Signature of Patient or responsible Party

Patient Name (print)

Date