William Wong, DPM, PA

Fellow of the College of Foot and Ankle Surgeons

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Lakeland, FL 33803 ***Fax.687.6333***

PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing us as your foot care provider. We are committed to successfully treating your condition. Please understand that payment of your bill is considered part of your treatment. The following is our statement of Financial Policy, which we require you to read, agree to and sign prior to treatment.

MEDICARE PATIENTS:
We do accept Medicare Assignment, and our fees are based on approved fees by Medicare. Once your annual deductible has been met, Medicare will pay for 80% of the allowed fee. Patients are responsible for their 20% co-payment at the time of treatment unless their co-insurance has established a "medi-gap" (roll-over) policy with Medicare. If so, it may pay all or part of the deductible and the 20% co-payment. If for any reason the supplemental insurance plan does not pay in a reasonable amount of time, the patient will be responsible for the amount not paid. Insurance policies are a contract between the insurance company and the insured, not our office.

PRIVATE INSURANCE:
The nature of your policy determines your coverage-not all policies are alike. We accept private insurances with which we have a contract. Patients are responsible for any co-payment or annual deductible at the time of treatment.

IN ABSENCE OF INSURANCE:
Payment in full is expected at the time of treatment unless prior arrangements have been made with our business office.

ADDITIONAL INFORMATION YOU SHOULD BE AWARE OF:
*In the event your account is turned over to our collection agency, you will be responsible for your past due balance plus the costs of collection and reasonable attorney's fees.
*There will be a $25 charge for each returned check.
*Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We therefore request that cancellations be made 24 hours prior to the appointment.
*We reserve the right to charge for missed or late-cancelled appointments. Repeated missed or late-cancelled appointments may result in discharge from the practice.

If patient is a minor or not responsible for payment, responsible party may sign.

Signature_____ **Date** _____

Printed Name _____ **D.O.B.**_____

Adress:_____ **Social Sec #:**_____