

HARLINGEN FOOT & ANKLE CENTER
Please read carefully before signing

Our clinic is committed to providing the best possible treatment for all out patients. It is with this commitment that a **FINANCIAL POLICY** is established to allow us to serve as your health care provider:

******METHODS OF ACCEPTABLE PAYMENTS******

All patients are required to register with COMPLETE information and MUST have signed this form prior to being seen by the doctor.
FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED/NO payment arrangements are being considered at this time.

******WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, & AMERICAN EXPRESS******

******COMMERCIAL INSURANCE******

FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED
As a courtesy, IF ASKED we will file your medical insurance claim to help you receive maximum reimbursement. If arrangements have been made to accept your insurance as form of payment it is your responsibility to meet your deductible, co-insurance not considered by your insurance company.

******PPO PATIENTS******

If your insurance company is one of our participating PPO contracts it is the patient's responsibility to provide us with the insurance card at the time of registration. FAILURE TO PRESENT A CARD WILL RESULT IN PATIENT'S RESPONSIBILITY TO MAKE PAYMENT IN FULL FOR ALL SERVICES RENDERED AT TIME OF SERVICE. We are NOT obligated to accept your COPAYMENT as form of payment without a VALID insurance card presented.

******MEDICARE PATIENTS******

We are participating providers and accept Medicare assignment and will file your secondary insurance. NON-COVERED services will be the patient's full responsibility and payment is due at time of service. If a supplemental insurance is not available, payment for patient's portion is due at the time of service.

I have read and agree to abide by the financial policy established by this office,
Thank You for choosing **Dr Raul O Maldonado** as your podiatrist.

Patient Signature _____ Date _____