



Financial Agreement

Thank you for choosing Benenati Foot and Ankle Care Centers! We are pleased you have chosen our office to service all your foot and ankle conditions. Please understand that payment of your bill is part of the treatment and care. Any balance uncollected from your insurance company is the patient’s responsibility.

- Payment is due at the time of service. We accept cash, checks, care credit, and most credit cards.
- All co-payments, deductibles, and non-covered services must be paid in full at the time of service.
- Our office will submit claims to your insurance company as a courtesy service to you. It is your responsibility to know what services your insurance plan covers; we take no responsibility to know what your insurance plan covers. Services that we render that are not covered by your insurance plan are your responsibility. We emphasize, as your health care providers, that our relationship is with you, not your insurance company.
- Referral or Precertification: If your insurance requires either, it is your responsibility to contact either your primary care physician or your insurance. If it is required and not received at the time of your appointment and or surgery date, you will need to reschedule the visit. We will try to work with you to obtain authorization if necessary.
- It is your responsibility to know what labs participate with your plan for any laboratory specimens. Please make us aware of this information, and we will make every effort to send to the appropriate lab.
- If you have suffered an injury, it is your responsibility to notify our office prior to your visit of the claim number, adjuster, and the benefit carrier address and phone number. We will not be responsible for any claims submitted to your medical insurance, if a work or injury insurance is primary and information was not given to us.
- If you are experiencing financial difficulties, please discuss this with the business office staff. We will gladly work with you to make payment arrangements. Accounts over 90 days past due may be referred to a collection agency, and such accounts may be reported to a national credit agency. You agree that we may charge reasonable collection fees and attorney fees if we are forced to refer your past due account to a collection agency and/or attorney.
- No Show Appointments: If an appointment is made with one of your physicians and the patient fails to show up for the appointment and has not called to cancel/reschedule 24 hours prior to the appointment, there will be a \$55.00 charge.
- As failure to show for an appointment is extremely disruptive to our practice and can interfere with other patients’ access to care, patients with three or more no-shows or continually late to a scheduled appointment, may be dismissed from the practice.
- There may be a charge for the preparation and completion of forms beyond those associated with normal visits. Prior to completion, you will be informed if a fee will be assessed. There will also be a \$5 initial charge for the transfer of medical records & \$0.10/page after that. If applicable, a one-time fee per occurrence of \$25 for FMLA/disability forms.
- Visits may have to be rescheduled if you arrive later than your scheduled time.

Please be advised that during your first visit to our office in each calendar year we will obtain a new signed Financial Agreement from each patient. We sincerely appreciate your cooperation and are happy to assist you in any way we can.

I have read, understand, and accept the above statements.

Print Name of Patient _____

Patient Signature _____ Date _____

(parent or guardian if the patient is a minor)