

FINANCIAL POLICY AND AGREEMENT

Insurance may be accepted only as a courtesy. You are responsible for the unpaid portion of the bill. If your insurance has not paid within 60 days, you will be responsible for the entire amount. We do not assume liability for disputed or denied claims, and you must settle this with your insurance company yourself. Insurance overpayments of less than \$5.00 will be maintained as a credit balance unless a refund is requested

I agree to be financially responsible for charges incurred during the course of my treatment. I agree to remit the entire balance due upon presentation of an invoice. I also agree to pay cost of collection of services, including reasonable attorney fees, if I do not pay timely as required.

If my insurance policy requires a referral and /or prior authorization, and if i do not follow these guidelines, I understand and agree that no insurance payments will be applicable, and that I authorize services to be performed, and I will be responsnsible for all charges.

I authorize the release of any medical information necessary to process this claim and request payment of Medicare or insurance benefits to myself or to the party who accepts assignments below. I authorize payment of medical benefits to Dr. Howard A. Staley, for services performed.

IMPORTANT : Medicare and Medicaid, as well as most private insurance, does not usually pay for "Routine Foot Care"(trimming corns and/or toenails) and will be considered " NOT MEDICALLY NECESSARY". I authorize Dr. Staley to provide these services, if requested, and I am to be responsible for the charges, regardless of Medicare and Medicaid determination.

Except as noted by my writing "Declined" on the applicable paragraph and initialling. (Exceptions will normally not allow us to accept you as a patient).

Signed and Agreed to: _____ Date _____

NEW PATIENTS: A valid form of picture identification is requested at the first visit.

PLEASE PRESENT THE MOST RECENT AND VALID INSURANCE CARD FOR YOUR POLICY AT EACH VISIT MORE THAN 1 MONTH APART. PRESENTATION OF AN INVALID INSURANCE CARD WILL RESULT IN DENIAL OF CLAIMS, AS WELL AS ADDITIONAL FEES DUE TO PROCESSING COSTS, AND POSSIBLE PROSECUTION BY THE AFFECTED INSURANCE COMPANY. ALL FEE REDUCTIONS WILL ALSO BE VOIDED AND FULL AND IMMEDIATE PAYMENT FROM THE PATIENT IS EXPECTED.

APOLOGY: Dr. Staley and his employees do not like all of these rules and disclaimers. However, accepting insurance assignment is, in effect, issuing credit to persons otherwise unknown to us. Inadequate reimbursement from the insurance market forces us to collect all amounts allowed and not paid by insurance. We must pursue patient balances diligently.

FINANCIAL ASSISTANCE: Dr. Staley considers providing financial assistance, when needed, for urgent medical procedures. This must be requested **before** services are provided. Adequate proof of hardship may be requested. Children will always be seen for an examination regardless of the parents ability to pay.