

ROCHESTER PODIATRY

BOARD CERTIFIED PHYSICIANS & SURGEONS

WWW.ROCHESTERPODIATRYLLP.COM

MASSIMO PIETRANTONI, DPM

MICHAEL DANIELS, DPM

FINANCIAL POLICY

In order to better serve you and to avoid any misunderstandings, listed below is a summary of our financial policy:

- You are responsible for any non-covered charges.
- There will be a \$25.00 (dollar) surcharge if co-payment is not paid on the date of your visit.
- If you do not have a valid referral, you will be responsible for any unpaid charges, as it is the responsibility of the patient to obtain your insurance referral. (Only if your insurance requires you to have one for a specialist doctor)
- There will be a \$20.00 (dollar) billing fee added to your bill every month if payment is not made within 30 days.
- Payment is due upon the same day of services rendered. (Any deductibles or non covered services)
- You will be responsible for any collection charges necessary to collect payment due which will be 33% of the unpaid balance added to your account and any attorney or court fees necessary to collect the unpaid balance.
- Medical records are duplicated at a \$1.00 (dollar) a page fee, paid in advance.
- X-rays are duplicated at \$10.00 (dollar) for each study date paid in advance
- A \$50.00 (dollar) charge will be added to your bill for any returned checks.
- If an interpreter is being provided for you and you fail to show for an appointment, the fee we incur due to your no show will become your responsibility.
- There will be a \$75.00 (dollar) charge added to your account if your regular appointment is not cancelled within 24 hours of your scheduled appointment.
- There will be a \$150.00 (dollar) charge added to your account if an appointment for orthotic casting, a scheduled procedure, or Comprehensive Diabetic Foot Examination (CDFE) is not cancelled within 24 hours of your scheduled appointment.
- You are responsible for finding out/calling your insurance for coverage on shoes, custom orthotics, etc.

If you have any questions or there are any extenuating circumstances, please speak to our staff.

☆ **Our Financial policy is subject to change with no notice given** ☆

I acknowledge receipt of this policy and agree to abide by the provisions listed above.

Print Name _____

Sign Name _____

Date: _____