

Patient Insurance Responsibility:

To Our Patients:

Due to the number of insurance companies Northwest Podiatry Center participates with, it is not possible to know all the covered benefits your plan offers.

Please familiarize yourself with your insurance plan coverage, (physicians services, test, physical therapy, surgery, medical supplies, orthotics, co-pays, deductibles, co insurance, prior authorization, referrals, etc...) by reading all the information given you by your insurance company with your enrollment form. Please call the telephone number listed on your insurance card prior to your appointment or services rendered at our office or surgical facility to verify in network /out of network benefits

Northwest Podiatry Center assumes no liability for any in network / out of network benefit information misquoted by your insurance carrier, or later deemed to be inaccurate. **Patients are responsible for the amounts owed based on their insurance contract with their insurance carrier.**

It is ultimately the patient's responsibility to know their health plan coverage and limitations.

Patients will be responsible for non-covered services rendered at our office or surgical facility.

Co-payments are to be paid at the time of each office visit.

*Northwest Podiatry Center accepts cash, checks and credit/debit cards.
(Visa, Master Card, Discover)

Fees are charged for returned checks or insufficient funds.
35% of balance owed applied to accounts placed for collection.

**Monthly statements will be sent to patients until all services are paid in full. **

In order for our office to correctly submit a claim to your insurance company, please notify our office of any changes regarding insurance coverage, home/work address, home/work and cell phone numbers as soon as possible.

In order to keep patient records current all patients are required to complete an update history form on a yearly basis.

We appreciate your cooperation.

Sincerely:

Northwest Podiatry Center

Patient/Guardian Signature

Date