

**Davis Foot and Ankle Center  
T.L. Basso, D.P.M.**

Welcome to our practice. We are committed to providing you the best possible podiatry care. In order to do so, we would like to acquaint you with our policies in regards to payment and appointments. Please read through the following and initial where indicated and sign at the bottom. You will be provided with a copy of these policies. Thank you

**Benefit Assignment/Release of Information**

I, hereby assign all medical benefits to which I am entitled, including private insurance and third party payers to be paid to Tracy L. Basso, D.P. M. A photocopy of this assignment is to be considered as valid as the original. I, hereby authorize said assignee to release all information, including medical records and medical x-rays, to secure payment. \_\_\_\_\_ Initials

**Financial Policy Statement**

For those of you who do not have medical insurance, payment is due in full at time of service unless prior financial arrangements have been made. For those with medical insurance, we bill your medical carrier solely as a courtesy to you. If an estimate is provided by this office, it is to be considered a guideline until the final insurance payment is received and the account has been reconciled. The estimate is based on the information that we currently have in our files from your insurance carrier. Ultimately, you are responsible for the entire treatment if the insurance denies payment or fails to pay within 90 days. At which point, we will request payment from you and will request that you contact your insurance carrier to resolve any problem.

You are responsible for updating your insurance information, home or work addresses and telephone numbers as in a timely manner so that we can bill the correct carrier. Failure to do this can delay claims payment and may result in you being responsible for unpaid claims as most insurances have time limits on claim payment.

Payment for your share (amount not covered by insurance) and any deductible are due at the time the services are rendered. We accept cash, checks, Master Card, and Visa. If any payment is made directly to you from the insurance carrier, you recognize an obligation to promptly remit same to Tracy L. Basso, D.P. M.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. Some important points to note are 1) Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. 2) Many insurances companies usually pay only a portion of the total fee for most procedures. 3) Not all services are a covered benefit in all contracts. Some insurance companies select certain services that they will not cover. 4) Some insurance companies state that they pay 100% on some services but the 100% may be based on a fee schedule that is less than our fees so you may still owe an amount for these services.

A finance charge of 1% per month will be added to all unpaid balances after 90 days. In addition, all costs and attorney fees in the collection of overdue accounts will be the patient's responsibility, or if the patient is a minor, the parent or legal guardian. \_\_\_\_\_ Initials

**Cancellation Policy**

To achieve your treatment goals, it is essential that you keep your scheduled appointments. We have reserved a special time just for you. If you must change an appointment, please provide at least 24 hours notice in order to accommodate our other patients that are waiting for an appointment.

Patients who do not keep their scheduled appointments and have not provided 24 hour notice will be charged a \$35 fee. We do understand that certain emergencies may occur which preclude you providing a 24 hour notice. These circumstances will be considered. Thank you for your cooperation. \_\_\_\_\_ Initials

I have read and understand the above information and agree to abide by these policies. I fully understand my responsibility for the payment of my account.

\_\_\_\_\_  
Patient/ Parent or Guardian

\_\_\_\_\_  
Date