

### FINANCIAL POLICY

Payment is expected at the time of service. Co-payments and non-covered services are due when services are rendered. Co-insurance and deductible balances are due upon receipt of statements. We accept cash, debit cards, and major credit cards. We do not accept payroll or third party checks. Our fee for returned checks is thirty dollars (\$30.00).

If you have medical insurance, a current insurance card and valid picture ID is required. If you do not have a current insurance card at the time of your visit, you will be responsible for 100% of all charges, and will be considered self-pay. If a referral is required by your insurance company from your primary care physician, it is your responsibility to see that we receive it, and that Wolf River Family Footcare and our physicians are participating providers with your insurance company. Wolf River Family Footcare does participate with most managed care plans. We do *not* accept **Healthspring** Medicare MCO, or **Tri-care Prime**. At this time we can only accept limited Tenn Care plans

We do not carry accounts over ninety-days, and financial arrangements should be made in advance of any procedures to be performed. A minimum 30% down payment is required, and the balance paid within three months. A signed agreement or promissory note must be on file.

If your insurance company does not pay in a timely manner, you will be billed after 90 days, and will be responsible for late fees and finance charges, if applied. Our office agrees to file your insurance in a timely manner, and assist you with any problems you may encounter, however, by signing below, you agree to be 100% responsible for all charges for services rendered.

We reserve the right to bill you \$20.00 for appointments not kept or canceled without 24 hour notice. If a surgical procedure is scheduled, and the appointment is not kept or canceled with 48 hour notice, you agree to pay the \$200.00 fee for blocking two hours of the doctors' schedule.

### CONSENT FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by Wolf River Family Footcare, PLLC, for the purpose of diagnosing or treatment of me, obtaining payment for my healthcare bills, or to conduct healthcare operations of Wolf River Family Footcare, PLLC. I understand that treatment of me by the doctors associated with Wolf River Family Footcare, PLLC may be conducted upon my consent as evidenced by my signature on this document. I understand I have the right to request a restriction as to how my protected healthcare information is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. The doctors associated with Wolf River Family Footcare, PLLC are not required to agree to any restrictions I may request. However, if the doctors do agree to a restriction, the restriction is binding to all. I have the right to revoke the consent in writing at any time, except to the extent that the doctors have taken action in reliance on this consent.

My "protected healthcare information" means health information, including my demographic information, collected from me, and treated or received by doctors associated with Wolf River Family Footcare, PLLC, another healthcare provider, a healthcare plan, my employer, or a healthcare clearing house. This protected healthcare information related to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Wolf River Family Footcare's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices is available should I request it. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of healthcare operations of Wolf River Family Footcare, PLLC. This Notice of Privacy Practices also describes my rights and Wolf River Family Footcare's duties with respect to my protected health information.

Wolf River Family Footcare, PLLC, reserves the right to change the privacy practices that are disclosed in the Notice of Privacy Practices. I may obtain a copy of the notice of Privacy Practices by calling the office and asking that one be sent to me via USPS, or by asking for one at the time of my next appointment.

Patient or responsible party signature

Date