

# **Cynthia A Sink, DPM**

## **BILLING POLICIES**

- Our office will file your insurance as a COURTESY for you as long as we have the following:
  - A signed registration form.
  - A copy of your insurance card(s).
  - Your insurance carrier's address and phone number.
  - A referral from your primary care physician (if applicable).
- You are responsible for the following:
  - Your co-pay at the time of service.
  - Deductibles your carrier applies to your coverage.
  - Any medical supplies that your insurance does not cover.
  - Any submitted claim that is denied by your carrier.
  - Any charges your carrier determines is over usual or customary.
  - Any additional co-insurances that your carrier applies to your coverage.
- Office visits may be rescheduled if appropriate insurance information, co-pays or outstanding balances are not received.
- You are expected to remit payment within 30 days after notification from us of the outstanding balance due. We accept the following payments: Cash, Check (there is a \$30 fee for returned checks) and Credit card (Master Card, Visa and Discover).
- Any account that is over 90 days past due, or on a payment plan will incur a three (3%)

percent **FINANCE CHARGE** per month until the balance is paid in full. This will be equal to an **ANNUAL PERCENTAGE RATE** of thirty six (36%) percent.

- If your account is turned over to a collection agency for an outstanding balance not collected, you will incur any and all costs of the collections proceedings. You will also be responsible for any attorney fees, court costs, expert witness fees, and any other costs of litigation that incur for collection proceedings.
- There is a \$25.00 charge for all no show appointments (appointments not cancelled) regardless of insurance or payment types. \$50.00 will be charged for a new patient appointment no show.

I have read and agree to these billing policies. Name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

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