



## Financial Policy

Welcome to Kentlands Foot & Ankle Center. Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please ask our front office.

1. Payment is expected at the time of your visit. We will accept cash or credit cards. Payment will include any unmet deductible, co-insurance, co-payment or non-covered charges from your insurance company. If you do not carry insurance, payment in full is expected at time of service. We do ask for a copy of an ID card due to many cases of identity theft.
2. As our patient, you are responsible for obtaining a properly dated referral if required by your insurer. You are also responsible for payment if your claim rejects from lack of one. Please note most insurances will only accept referrals less than 90 days before date of service.
3. Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign benefits to the doctor. If your insurance company does not pay within a reasonable period we will look to you for payment. Due to the differing contracts available, our staff cannot guarantee payment for services rendered. We will attempt to verify benefits for specialized services or procedures, however you remain responsible for charges for any services rendered.
4. You must inform the office of all insurance/address changes and referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
5. **Missed Appointments:** Unless they are canceled at least 24 hours in advance you will be assessed a \$50 missed appointment fee. Surgeries must be canceled 7 days in advance or will be assessed a \$100 missed fee.
6. **Forms Fees:** Completing insurance paperwork, school forms/letters, and copying medical records requires office staff time and time away from patients for the doctors. A charge of \$10 will be assessed for this service plus applicable postage or notary fees. Copying fees for medical records is \$10 for the first 20 pages, and \$0.50 per page above the initial 20. Kentlands Foot and Ankle will have 15 business days in which to copy records before making them available for patient pick up. Copying will commence after receipt of payment.
7. **Collections:** If your account becomes delinquent it will be sent to collections. Any additional fees for this will be added to your balance. This includes but is not limited to late fees, collections agency fees, court costs, interest and fines.
8. **Note for divorced parents of patients:** The adult who signs this form for the minor into our practice on the day of service accepts responsibility for payment. This office does not promise to send bills or records to the other parent/guardian for issues of payment or communications.

Our office will communicate about treatment and payment with the parent who signs in on the day of treatment.

In an effort to provide you with flexible payment arrangement we have expanded our payment policy. Please read and select a payment method below:

- Payment by Cash/Check/Credit Card
- Automatic monthly billing to your VISA/ Master Card
- Guarantee any amount not covered by insurance with a VISA/MasterCard

Our office is a fully approved and accredited user of the *Visa and MasterCard Health Care Program* which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may choose a comfortable amount to be automatically billed to your Visa or MasterCard on a monthly basis.

By signing below you understand that you, the patient or parent/guardian are financially responsible to Kentlands Foot & Ankle Center for charges not covered by the assignment insurance benefits.

I \_\_\_\_\_ have read and understood the practice's financial policy and agree to be bound by its terms.

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Date



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301-330-5666

### **Notice of Privacy Practices**

This notice will tell you about the ways we may use and disclose health information that identifies you. We will also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of health information that identifies you; give you this Notice of our legal duties and privacy practices with respect to your health information; and following the terms of our notice that are in effect. This Notice covers all staff at Kentlands Foot & Ankle Center.

#### **How we may use and disclose health information about you**

- **For Treatment:** We may use health information to provide you with medical treatment or services. We may also share health information such as prescriptions, lab work or X-rays to coordinate your treatment.
- **For Payment:** We may use and disclose health information so that we may bill for services you receive in our office and collect payment from you, an insurance company or another third party. We may need to give information about your treatment to your insurer, for example. We may also give information to your insurer to receive prior approval or determine eligibility. In the event of overdue bills we may need give information to a collection agency.
- **For Health Care Operations:** We may use and disclose health information for healthcare operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for operation and management resources.
- **For Health Services:** We may use and disclose health information to remind you of an upcoming appointment or treatment. We may contact you about possible treatment options or health related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release information to a person involved in your healthcare or helps pay for your care such as family. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **As Required by Law:** We will disclose health information when require to do by international, federal state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the general public. Any disclosure however will be to someone who may be able to prevent the threat.
- **Business Associates:** We may disclose health information to our business associates that perform functions on our behalf such as billing or medical transcriptions. All of our business associates are obligated under contract to protect the privacy of your information.
- **Organ and Tissue Donation:** If you are an organ or tissue donor we may release health information to organizations that handle such operations.
- **Military and Veterans:** If you are a member of the armed forces we may release health information as required by the military command authorities.
- **Worker's Compensation:** We may release health information for worker's compensation or similar programs.
- **Public Health Activities:** We may be required to report your health information to authorities to prevent or control disease, injury or disability. Examples include reporting certain diseases to the Centers for Disease Control or information related to child abuse or neglect.

- **Health Oversight Agencies:** We may disclose health information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections and licensure.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.
- **Law Enforcement:** We may release health information if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if we are unable to obtain the person's agreement; about a death that may be result of criminal activity; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of a crime or victims or the identity or description of someone who committed the crime.
- **National Security and Intelligence Activities and Protective Services:** We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security related activities as authorized by law.
- **Coroners, Medical Examiners and Funeral Directors:** In the event of your death we may release health information to a coroner, medical examiner or funeral director so that they can carry out their duties.
- **Other uses:** Any other uses not covered by this Notice or the laws that apply to use will be made only with your written permission.

**Patients Rights:** You have the following rights subject to limitations regarding the health information we maintain about you:

- **Right to Inspect and Copy your health information:** We may charge for the cost of copying or mailing or other supplies related to your request.
- **Right to Request Amendments.**
- **Right to an Account of Disclosures of health information:** This is a list of disclosures of health information. The first list you request in a 12 month period is free. For additional lists we may charge you for the costs of providing the list.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we agree will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you can request that we only contact you at certain phone numbers. We will accommodate all reasonable requests.

We reserve the right to change this notice. We will post a copy of the current notice in the office.

I \_\_\_\_\_ have received and read the Notice of Privacy Practices. I understand and agree to the terms above.

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Date

I would like to grant access to my medical information to the following person.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship