

Weatherford Podiatry Clinics, P.A.  
Waymon E. Lewis, Jr., D.P.M .

*Patient Financial Policy*

***Weatherford Podiatry is dedicated to providing the best possible care and service to you. We regard your complete understanding of our financial policies as an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff or office manager.***

***All appointments made require a 24 hour notice of cancellation or a charge of \$25.00 will be added to your account. This fee MUST be paid before any future appointments are made.***

As an outpatient, you are responsible for all **authorizations/referrals** needed to seek treatment in this office. All copays and deductible amounts are due at the time of service. We will accept cash, debit/credit cards, checks, or money orders as payment.

Your insurance policy is a contract between you and your insurance company. Your claim will be filed for you with your signature to pay the doctor directly. If your insurance does not pay the practice within the legal specified time period, you will be responsible for payment.

This office does accept assignment with insurers and health plans. This means that we agree to accept the amount allowed by your insurance company as our charge. You may have a percentage of the allowed amount to pay depending on how your policy reads.

All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", or you do not have an authorization as required by your health plan, you will be responsible for payment of the complete charge. We will attempt to verify specialized services, however, you remain responsible for charges for any services rendered.

You must inform the office of all insurance changes and authorizations or referral arrangements prior to treatment. In the event this office is not informed, you may be responsible for any changes that are denied.

There may be certain procedures which will require prepayment. You will be informed in advance if your procedure is one of them. In the event that prepayment is required, payment will be due one week prior to the procedure.

Past due accounts are subject to collection proceedings. All fees, including but not limited to collection fees, attorney fees, and court fees shall become your responsibility. This will be in addition to any balance due to this office.

**There is a fee of \$25.00 for any additional forms such as FMLA, leave of absence for employers, short-term/long-term disability, etc.**

**There is a fee of \$25.00 for returned checks.**

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Patient Signature/Responsible Party

Date

Reviewed: 01/01/2013