



PATIENT FINANCIAL POLICY

Welcome to Alpine Foot & Ankle Clinic! We are happy you chose us for your footcare needs!

Our fees for services, including office visits and surgeries, are based on the level of professional skill required, the severity and complexity of the injury or illness, as well as our time spent treating you.

In order to reduce confusion and misunderstanding between our patients and our practice, we have adopted the following policies. Please do not hesitate to inquire about the charges for our services. Your clear understanding of our Financial Policy is important to our professional relationship.

- **Insurance:** Your insurance policy is a contract between you and your insurance company. As a courtesy, Alpine will file your insurance claim for you, and your insurance company will pay our office directly. If your insurance company does not respond within 30 days, the bill will become your responsibility. Please notify our office if your insurance carrier or policy number has changed.
- **Co-Payments:** Your insurance contract **requires** our office to collect your designated co-pay at the time of service. **Please be prepared to pay your co-pay prior to each visit.** This excludes: Medicare, Healthy MT Kids Plus, Healthy MT Kids (BCBS), Medicaid, Worker's Compensation, and Government/Military.
- **Self-Pay Patients:** **Payment in full is required at the time of service** unless previous arrangements have been made prior to your appointment. We offer a 20% self-pay discount off most services when paid in full at the time of service (Laser Procedures, Orthotics, and Over the Counter Products are **NOT** included).
- **Non-Covered Services:** You will be responsible for the balance if your insurance company determines any charges to be non-covered.
 - **For Durable Medical Equipment (DME)** – Some DME may **NOT** be covered by your insurance company. In the event of this circumstance, we require payment in full at the time of the DME dispense.
 - **All DME items are new when dispensed and CANNOT be returned.**
- **For all services provided to minor patients:** The parent that accompanies and signs for the child will be responsible for payment. Our office will not get involved in payment disputes between custodial and non-custodial parents.
- **Statements:** Statements will reflect any balance pending, as well as any balance for services not covered by your insurance company. We request that you make payment within 30 days of receiving your statement. If no contact is made to our office and your balance becomes delinquent past 60 days, your account will be referred to our collection agency. ***Payment for services may be paid by Cash, Personal Check, VISA or MasterCard.***
- **Please sign below that you have read and agree to our Financial Policy.**

Patient Name (Print): _____

Responsible Party Signature: _____ Date: _____