North Shore Foot & Ankle
2005 S. Lake Park Road
Appleton, WI 54915

Patients Name: _____ Birthdate: _____

Agreement Policies

1. I understand that I am financially responsible for charges not covered by my insurance plan(s) and charges in excess of benefits paid under such plans. I will also be responsible for any services that my insurance company should decide are "non-covered" benefits.
2. Missed Appointments. When you reserve an appointment time, it is not available to other clients. Therefore, we require advanced notice of cancellation. The charge for failure to notify us of your intent to cancel an appointment within 24 hours is $50.00. Your insurance company will not pay this amount. You are responsible for cancellation fee payment.
3. Payment for services provided by North Shore Foot & Ankle is the sole responsibility of the patient or the patient's parent or guardian. Health insurance does not relieve you of the financial responsibility for services rendered.
4. If your insurance company does not pay in full within 60 days from the date of service, you remain responsible for any amounts owed and are expected to make payment in full at that time. You will be refunded when your insurance company pays.
5. You will still remain responsible if your insurance company requires prior authorization and prior authorization was not received.
6. As a service to you we may call your insurance company to verify your health benefits. You understand that verification of benefits of does not guarantee payment by your insurance carrier.
7. I understand that it is my responsibility to help get my insurance company to pay. I will call them to prompt them to pay if necessary and return any questionnaire they send to me in a timely manner.
8. The minimum monthly payment is $50.00 per month or 10% of your bill which ever is more.
9. If referred to this office by another healthcare provider, we have the permission to contact that provider for additional information and notes.
10. I understand that North Shore Foot & Ankle does not follow divorce decrees, separation agreements or paternity arrangements. North Shore Foot & Ankle may pursue all responsible parties.
11. I understand that any outstanding balances will be charged 1.5% interest along with a $2.00 surcharge fee for each statement printed
12. I understand that if my account needs to be listed with a collection agency, my account will be charged 33% of the amount listed not to exceed $150.00.
13. There is a $15.00 fee per form for our office to fill out and complete required insurance forms (i.e. Short Term-Disability, FMLA, Credit Card Deferred Payment forms, etc.)

Insurance Assignment and Release

I authorize North Shore Foot & Ankle to bill my insurance company, Medicare/Medical Assistance, exchange information (if requested), and to receive payment for services provided me. I authorize release of any medical or billing information necessary to process claims incurred by North Shore Foot & Ankle and the use of my signature on all insurance submissions. In the case my insurance company will not cover services or charges, I agree to pay for services provided me. I further authorize billing statements to be sent to the person that I designate as my responsible party (guarantor) including, but not limited to, my spouse.

I authorize direct payment to North Shore Foot & Ankle of all medical insurance benefits including major medical payments otherwise payable to me.

I agree to and understand all of North Shore Foot & Ankle policies.

Responsible Party's Signature: _____ Date: _____