



POTOMAC PODIATRY GROUP, PLLC

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FINANCIAL POLICY AND MEDICAL INSURANCE

We would like to welcome you and thank you for selecting our office!

Our objective is to provide “total foot and ankle care with our very personal touch”.

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our policy.

The patient is responsible for payment of their health care within a reasonable time, regardless of the processing time of your insurance claim. In circumstances where a claim is pending, or when treatment will be for an extended period of time, it is recommended that a payment plan be initiated. We accept cash, checks or all major credit cards for payment.

Balances older than 30 days are subject to \$5.00 per month fee. Patients that do not pay their co-pay at time of visit will be charged an additional \$6.00. Returned checks are subject to a \$35.00 fee. Missed appointments will be billed \$50.00 when cancelled without a 24-hour notice.

YOU MUST REALIZE THAT:

- 1) Your insurance is a contract between you, your employer, and the insurance company. It is your responsibility to understand the benefits of your plan. We cannot guarantee payment of your claims. If your insurance company pays only a portion of your claim or rejects your claim, you and/or the policyholder should make any contact or inquiry. After **90** days from the date of service, you will automatically become responsible for the balance. **Payment delays or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred.**
- 2) **MEDICARE PATIENTS** – Please understand that we participate with Medicare. However, you are responsible for your 20% co-insurance, deductible and any **non-covered** services. If Medicare has provided its reimbursement for services rendered and if your supplemental insurance does not respond within 30 days, then **you** become responsible for the balance.
- 3) Filings of insurance claims are a courtesy that we extend to our patients and all charges are your responsibility. We realize that temporary financial problems may effect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.
- 4) If you believe your insurance carrier has erred or not adequately addressed your claims, you may file a grievance or appeal with the Virginia Insurance Commission, Richmond, VA.
- 5) Missed appointments are subject to a \$50.00 office charge unless cancelled with a confirmation number more than 24 hours before the regularly scheduled visit.
- 6) Returned checks are subject to a \$35.00 assessed fee.
- 7) Any unpaid balances over 90 days due is subject to collection action. All expenses including collection agency fees and attorney costs become the responsibility of the patient.

I have read and I understand the above financial policies. These policies are subject to change without prior written confirmation.

SIGNATURE

DATE

Crofton Foot and Ankle
www.CroftonPodiatry.com
P: 410.721.4505 | Fax: 410.721.2394
1657 Crofton Blvd, Suite 201, Crofton, MD 21114

Annapolis Foot and Ankle
www.AnnapolisFootandAnkle.com
P: 410.263.3100 | Fax: 410.263.7380
43 Old Solomons Island Rd, Suite 102, Annapolis, MD 21401

Chantilly Foot and Ankle Center
www.PotomacPodiatryGroup.com
P: 703.490.5599 | Fax: 703.583.5995
3914 Centreville Rd, Suite 200, Chantilly, VA 20151

Family Foot Care Center
www.TheFamilyFootCareCenter.com
P: 301.645.1406 | Fax: 301.645.0997
4475 Regency Place, Suite 204, White Plains, MD 20695

Loudoun Foot and Ankle Center
www.LoudounFootandAnkleCenter.com
P: 703.444.9555 | Fax: 703.444.1190
46440 Benedict Dr, Suite 209, Sterling, VA 20164

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