



Robert W. Sullivan, DPM, PC

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Board Certified, American Board of Podiatric Surgery

Fellow American College of Foot and Ankle Surgery

Financial Agreement

Thank you for choosing Dr. Robert Sullivan as your foot care provider. We are committed to providing you with quality and affordable health care.

Please read the following office payment policy and feel free to ask us any questions that you may have. Once you accept this policy, kindly sign in the space provided. A copy will be provided to you upon request.

1. Insurance: We participate in most insurance plans, including Medicare. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Each policy has different deductibles, co-pays, and responsibility of the participant. Therefore, we encourage you to check your policy's specific requirements for pro-certification for various treatments that may be planned for specific care. This may include, but not be limited to, MRI, bone scans, and physical therapy. We will continue to pre-certify surgeries and pre-certify as well as check into orthotics coverage as needed. However, a quote of benefit coverage is not a guarantee of payment. This office is not responsible for services rendered and not covered. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-Payments and Deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment of each visit. We accept Visa, Mastercard, cash or personal check.

3. Non-Covered Services: Please be aware that some - and perhaps all - of the services you receive may be uncovered or not considered reasonable or necessary by Medicare or other Insurers. You must pay for these services in full at the time of visit. Medicare does not cover routine foot care: this includes the trimming of nails and cutting of calluses. If you are a diabetic or have peripheral vascular disease or painful nails, Medicare may pay for cutting of fungus nails. Medicare has other requirements such as timely appointment with your primary care physician or your specialist who manages your diabetes or peripheral vascular disease in order for these services to be covered. This would be your responsibility to supply those dates of service at your visit for your foot care. You also must be seen within the past 6 months by your primary care physician.

4. Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. If required, obtaining the proper referral from your Primary Care Physician is your responsibility. Patients presenting to our office without a valid referral will be asked to pay in full. This payment will be held for 48 hours and will become non refundable if the proper referral is not obtained by then.

5. Claims Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claims. Your insurance benefit is a contract between you and your insurance company.

6. Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. In the event the office is not informed, you will be responsible for any changes denied.

7. In-Office Supplies: Our office supplies as a convenience to our patients over-the-counter supplies. This is an effort to eliminate going to the store to pick these items up. In order to stock these supplies, we require payment at the time of service. Insurance companies do not cover the cost of these supplies, therefore you are responsible. The office assistant will discuss a fee for the item prior to your departure. If you are unable to pay for the item at the time of service, then we kindly request you return to pick up the item when you are able to afford it. There will be no refund of supplies. Unfortunately, every supply prescribed may not work for all patients; however we strive to ensure a satisfactory outcome.

8. Nonpayment: Invoices are sent out every 30 days. Your prompt payment will assist us in keeping the cost of healthcare down. If your account is over 60 days past due, you will receive a letter requesting immediate payment. A re-billing charge of \$10.00 per month will accrue on all accounts 90 days past due and over. A 1.0% Service fee is assessed for balances not received within 30days of statement. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to collection. If the account is placed in collections, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33 1/3 %debt, and all costs and expenses, including reasonable attorney's fees we incur in such collection efforts.. **Any checks returned with insufficient funds will be charged a \$40.00 processing fee. We require the check to be replaced by cash or money order within 7 days.**

9. Missed Appointments: Our policy is to charge \$30.00 for missed appointments not canceled within 24 hours prior to the appointment. We do understand circumstances do arise where 24 hours advance notice is not possible and will take that into consideration.

10. Additional Fees: X-ray's are the property of the office and are a very important part of the practice. We can make arrangements to get copies of your x-rays with a fee of \$10.00 per film. Medical records require a written request. There is a \$10.00 processing fee and a \$.50 per page charge. Disability forms will incur a charge of \$10.00 per form.

With the ever changing environment of healthcare, it is necessary we set guidelines for our patients to ensure no future misunderstandings. Thank you for understanding our payment policy. Please let us know if you have any questions of concerns.

Print Name

Signature

Date