



JEFFREY A. KLEMES, D.P.M., F.A.C.F.A.S.

FINANCIAL POLICY

Thank you for choosing Beverly Hills Foot and Ankle as your health care provider. We are committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Should you have any questions regarding any aspect of your financial status with our office, please feel free to contact us at (310) 657-4080.

Your clear understanding of our Financial Policy is important to our professional relationship.

- WE ARE HAPPY TO BILL YOUR INSURANCE DIRECTLY; HOWEVER, WE MUST HAVE A COPY OF THE INSURANCE CARD. We do bill insurance plans as a courtesy, but it is not a guarantee of payment.
- IF YOU DO NOT HAVE YOUR INSURANCE CARD WITH YOU, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA/MASTERCARD, AND AMERICAN EXPRESS.
- ALL PATIENTS MUST COMPLETE OUR "PATIENT REGISTRATION FORM" AND OTHER RELATED FORMS.
- PLEASE, NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.
- WRITTEN OR VERBAL AUTHORIZATIONS FROM INSURANCE PLANS ARE NOT A GUARANTEE OF PAYMENT. We often check benefits on your behalf. All claims are reviewed by the insurance carriers after services are rendered and authorizations can be denied at the time of review. Sometimes we are unable to know the details of your specific plan, as all health plans are not the same and coverage varies. The coverage you have is between you and your insurance carrier. We serve as the middleman. Should a claim be denied, it becomes the patient's responsibility. We encourage you to contact your plan for clarification of benefits prior to services being rendered.
- 5 BUSINESS DAYS NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS AND/OR X-RAYS AND THERE WILL BE A NOMINAL FEE.

Fees

The fee for your care may vary according to the complexity of your condition. If an advanced procedure or surgery is considered, we will attempt to give you an estimate of those fees. For certain procedures and supplies we require a deposit or pre-payment. You will be informed in advance if this is the case.

Payments

Payments are due at the time services are rendered, including deductibles, co-payments and previous balances.

Self-Pay

We expect payment at the time of service unless prior arrangements have been made in advance.

Medicare

We accept Medicare assignment. As a Medicare patient, you are responsible only for the annual deductible if you have supplemental insurance. A few services and supplies are not covered by Medicare. We will advise you of any non-covered charges prior to the service being provided. Certain Medicare charges require a minimum of 60 days between visits for at risk patients. It is your financial responsibility to cover these services that fall outside of Medicare guidelines, unless it is billable under a new or different diagnosis. Additionally, your condition may not qualify for routine trimming of nails/callouses.

PPO

ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. IF YOU DO NOT KNOW YOUR CO-PAY, YOU MAY CONTACT YOUR INSURANCE TO FIND OUT. Most of the time, it is listed on your insurance card. We are members of most, but not all plans. You are responsible for verifying that we are providers for your plan. With the advent of the Affordable Care Act, certain plans have different tiers of coverage, including different co-pay and deductible structures, as well as covered services. Please familiarize yourself with the type of plan you have.

PPO patients will only be responsible for their deductible, co-payments and co-insurance, as long as they have verified with their insurance that our physician is in their plan and there is no need for prior authorization or a referral from the patient's primary care physician. If you require an authorization or referral and one is not obtained prior to your visit, we will reschedule your appointment, unless you wish to pay for the visit.

If you have insurance coverage with a plan with which we are not a part of, we will prepare and send the claim on your behalf on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, all charges for your care and treatment are due at the time of service.

Workers' Compensation

If you are here because of a work related injury, we will require information regarding both health insurance and your employer's Workers' Compensation insurance. Before seeing a doctor, we will require a letter or statement from the Workers' Compensation carrier authorizing your treatment. The letter should include the claim number, address, adjuster's name and phone number. (Your employer's human resources office should be able to assist you with obtaining this information.) If payment is not received from these third parties within 90 days, we have the right to bill you directly.

Hospital and Surgery Center Charges

In the event that you undergo surgery in a hospital or ambulatory surgery center, we will bill your insurance for the surgical procedure, and any balance due is your responsibility. A separate charge will be made by that facility. Additionally there is a charge from anesthesia and pathology. Your podiatric physician at Beverly Hills Foot & Ankle may have a financial interest in a surgery center where you will be having your surgery.

Financial Agreement

I understand that I am financially responsible for all charges and supplies not covered by insurance and I guarantee the balance to be paid by my credit card, check or cash. Past due balances may be subject to additional fees.

UCR (Usual and Customary Rates)

We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determinations of UCR rates.

Statements

Statements are mailed after the insurance company has paid their portion. The account is then payable within 30 days. Overdue accounts are subject to a \$15 fee. Accounts lapsing in payment greater than 90 days will be subject to collection by an external agency unless financial arrangements are made with our office. All costs incurred including, but not limited to, collection fees, attorney fees and court fees shall be your responsibility in addition to the balance due this office.

Supplies

All supplies and products dispensed which are not billable to insurance (e.g. post op shoes, crutches, braces, insoles, cast protectors, topical medications, orthotics) must be paid for at the time they are dispensed. We make every effort to notify you of this prior to service being rendered if possible. All supplies are non-refundable.

Outside Referrals

We recommend you verify with your insurance carrier whenever our office refers you to outside laboratories, hospitals, physical therapy or tests to insure that you do not require any pre-authorization.

Parking

If you choose to park in the building, we do not provide validations.

Cancellations/No Shows

We understand that some appointments cannot be kept due to unforeseen circumstances. However, we ask for a 24-hour notice so that the time can be rescheduled for another patient. Our policy is to charge \$50.00 for an appointment that is cancelled with less than 24-hours' notice

Late Arrival

If for any reason you are more than 15 minutes late, we may have to reschedule your appointment.

Returned checks

There is a service fee of \$30.00 for all returned checks. This is in addition to the original balance.

AUTHORIZATION TO ASSIGN INSURANCE BENEFITS

I authorize my insurance company to pay directly to Jeffrey A. Klemes aka Beverly Hills Foot and Ankle Center.

I understand that if the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment for all services. If payment is not received from the insurance carrier or other responsible party in 90 days, I will be billed directly.

I will pay unpaid balance by: ___Cash___ Check___ Credit Card

Name of Patient/Responsible party (please print) Signature of Patient/Responsible Party Date