

Foot & Ankle Care  
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Payment Policy:

## **PAYMENT IS DUE AT TIME OF SERVICE**

We are committed to providing you with the best possible care. This information is designed to guide you through the rapidly changing world of healthcare and insurance plans. **Please read carefully and sign the bottom of the page indicating your understanding and acceptance of our policies and procedures.**

If you have health insurance, as a courtesy we will submit your claim for you. **We will have you pay for any deductibles and co-pays that apply to your policy *at the time of service.***

**PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS PAYMENT ARRANGEMENTS HAVE BEEN MADE AND APPROVED IN ADVANCE. We accept Cash, Check, VISA, Mastercard and Discover for your convenience.**

### **YOU MUST REALIZE THAT:**

- 1.) **Your insurance is a contract between you, your employer (if applicable) and the insurance company.** *We are not included in your contract.*
- 2.) **Not all services are covered by all insurance policies.** Some companies select certain services they will not cover. Our Practice has no control over coverage.
- 3.) The "Usual & Customary Charges" or "Allowed Amount" that may be quoted by your insurance company are charges that have been determined and set *by your insurance company.* They do not necessarily reflect our fees.

We must emphasize that as health care providers, **our relationship is with you, not your insurance company.** While filing insurance claims for our patients is a courtesy that is extended, **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED.**

We do realize that there are times that a temporary financial problem may affect your payment of your account. In that case, PLEASE contact our Practice Manager for assistance so we can set up payments for you.

If you have questions, please ask. We will be glad to help.

**REGARDLESS OF ANY INSURANCE COVERAGE THAT I MAY HAVE, I AGREE THAT IT IS MY RESPONSIBILITY TO PAY MY BALANCE AND WILL PAY ANY BALANCE DUE .**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_