



MATTHEW R. GALLIANO, D.P.M., F.A.C.F.A.S.  
DIPLOMAT, AMERICAN BOARD OF PODIATRIC SURGERY  
FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS  
SIOBHAN L. GRAY, APRN/NP-C

### FINANCIAL POLICY

Welcome to Kansas Foot Care Associates, P.A. We would like to make your treatment here as pleasant as possible. We feel one way to do this is to inform you of our financial policy, what we will do for you and what we expect of you.

- For Patients without insurance, payment is expected at the time of your visit. Patients with Medicare coverage are expected to pay for non-covered services at the time of service.
- **All office visit co-pays are due at the time of your appointment.** Because we are a specialist your co-pay may be more than it is with your primary care provider. All policies have a different deductible and co-insurance. Amounts may not be known until the claims are processed by your insurance carrier. Payment for these balances are due from you upon receipt of your first billing statement.
- Accounts not paid within 30 days from the first billing statement will be charged interest at a rate of 10% APR.
- Unless prior arrangements have been made, balances over 120 days old will be referred to our Collections Attorney for collection with reasonable attorney's fees charged to your account.
- Refunds over \$50.00 will be returned to the patient upon the completion of care. Anything under \$50.00 will be refunded upon patient requests. Please monitor your account through the E.O. B (Explanation of Benefits) provided by your health insurance carrier.
- We are preferred providers and participating physicians for many different insurance companies. Please refer to your plan directory to determine our participation status with your insurance. **It is the responsibility of the patient to stay within their network of providers and obtain any necessary referrals for treatment.**
- We will submit all insurance claims given, you provide us with complete and accurate insurance information. We will work closely with the insurance company to make sure correct payment is made on your claim. However, please remember the policy contract is between you and your insurance company. We try our best to keep track of what different companies pay and cover, although due to the great numbers of companies it is impossible for us to know them all. Please refer to your own insurance carrier's policy manual as it is your responsibility to know the policies of your insurance carrier and you are ultimately responsible for your bill.
- Auto accidents and Workmen's Compensation claims are the patient's responsibility at the time of service and the patient is the responsible party for obtaining compensation for the injury treated at this office.
- The patient understands and acknowledges that he or she is personally responsible to pay Kansas Foot Care Associates, P.A. in full for all such services and costs that the patient's health insurer denies due to patient's failure to pay health insurance premiums.
- There may be a reasonable cost-based fee for obtaining medical records.

If you have any questions regarding the above information, your insurance coverage, or payment, please contact us directly and we will assist you to the best of our ability.

**I have read and understand the above policy and I permit Kansas Foot Care Associates, P.A. to release any medical information necessary to process a medical claim with my insurance company, and authorize direct payment of any medical care, medical supplies, and/or surgical benefits to Kansas Foot Care Associates, P.A. for services rendered. I recognize and accept responsibility for any balance remaining after payment of such benefits.**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness