

PATIENT FINANCIAL POLICY

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff or supervisor.

- For patients without insurance, payment is expected at the time of your visit.
- Gateley Podiatry, P.A. does not accept the following state of Kansas sponsored health care coverage: Medicaid, Healthwave, QMB, KanCare (Healthy Blue Kansas, Sunflower State Health Plan, UnitedHealthcare Community Plan and Aetna Better Health of Kansas). If you are covered by one of these carriers, you are responsible for the payment of all services received by Gateley Podiatry, P.A. If you are a Medicare patient who has Medicaid as a secondary insurance carrier, you are responsible for all charges not covered by Medicare, including deductibles and co-insurance.
- All office visit copays are due at the time of your appointment. Podiatry is a specialty; therefore, your co-pay may be more than it is at your primary care provider.
- We accept VISA, MasterCard, Discover, cash or check. It is the policy of Gateley Podiatry to make all reasonable attempts to collect outstanding balances should they accrue, including payment arrangements. Statements are sent out monthly. We do accept payment plans. All payment plans must be negotiated and approved by the billing staff. If needed, call as soon as possible to initiate a monthly payment arrangement.
- If your account is 90 days past due, you will be sent to collections. Partial payments will be posted to your account; however, it will not prevent your account from being placed with a third party for the purpose of collections. 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 to this office. Interest may be charged to past due accounts.
- As our patient, you are responsible for all authorizations/referrals needed to seek treatment in this office. You must inform the office of all insurance changes and authorization/referral requirements. In the event the office is not informed, you will be responsible for any charges denied.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered," or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- There are certain elective surgical procedures for which we require prepayment. You will be informed in advance if your procedure is one of those. In that event, payment will be due at the time of your pre-operative appointment or on the day of an in office procedure.
- To accommodate all of our patients, **we require 24-hour notice to change or cancel an appointment.** Patients arriving more than 10 minutes after their appointment time may need to be rescheduled and considered a no-show. This policy allows our office to function with efficiency and provide the best care to all our patients. **Two no call/no shows will result in dismissal from this practice.**
- **The following conditions will result in a \$25 fee charged to the patient account and must be paid prior to being seen:** Patient fails to show for an appointment, patient arrives more than 10 minutes late, Patient cancels or changes an appointment with less than 24-hour notice.
- There is a service fee of \$35.00 for all returned checks. Your insurance company does not cover this fee.