



FINANCIAL POLICY

Initial _____

Patient's Name _____

- **INSURANCE:** We are participating providers with several insurance plans. As a courtesy, Dynamic Orthotic Services, Inc. (DOS) verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan. Please remember that insurance is a contract between the patient and the insurance company, and ultimately the patient is **100% responsible** for all charges incurred. Should your insurance company not pay for services within a reasonable period as dictated by your state's prompt payment law, you will be billed. Should it be discovered that incorrect information was provided to DOS resulting in a denial from your insurance company, you will be billed and fully responsible for any and all charges and release DOS from all contractual obligations.

- **PAYMENT** is expected at the time service unless other financial arrangements have been agreed upon in advance. We accept cash, check, credit/debit card, and Care Credit. An **additional fee of 3%** will be assessed on all credit or debit card transactions. Care Credit is excluded from additional fees. Payment will include any unmet deductible, co-insurance, co-payment amount, sales tax, or non-covered charges from your insurance company. **Sales tax** is assessed by the parish and state. Tax is not covered by your insurance, is non-refundable, and is the full responsibility of the patient. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of service. Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

- **STATEMENTS** will only be sent **once** when there is a balance on the account. If payment is not received within **45 days** from the date on the statement, your account will be assessed **delinquent charges up to 40%** of the balance due. It is your responsibility to inform DOS of any changes to your address or telephone number.

- **RETURNED CHECKS** will incur a **\$50.00 NSF charge**. You will be asked to bring cash, certified funds or a money order to cover the amount of the check plus the \$50 NSF charge to pay the balance prior to receiving any further services. Stop payments constitute a breach of payment and are subject to the \$50 service fee and collections action. All bad checks written to this office are subject to collection or the District Attorney's Office for prosecution.

- **COLLECTION FEES:** I agree to pay ALL fees and authorize release of medical, financial, or other information necessary to attorneys and/or collection agencies needed to affect collection of any finances and delinquent charges up to 40% of the outstanding balance on my account.

Over →

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- **CANCELLATIONS OR MISSED APPOINTMENTS:** If you do not cancel your appointment at least 24 hours in advance, or if you no-show, a \$25 missed appointment fee may be assessed.

- **WARRANTIES AND RETURNS** The components of my custom device(s) are fully guaranteed under normal use for 90 days, 30 days for non-custom or customized items. DOS will make any repairs to my device, as needed, free of charge during the warranty period. Non custom items may be returned if not used and in resalable condition within three days of delivery. Restocking fees will apply. This warranty does not apply to changes in my physical weight, condition, nor any other physiological changes that may occur, or to any alterations made by anyone other than DOS. In addition, DOS will not be responsible for abuse, neglect, or normal wear and tear. Failure to keep scheduled follow up appointments will void any warranty.

- **CUSTOM OR CUSTOMIZED DEVICES** are non-returnable and non-refundable. Not accepting delivery of a custom, altered, or special order item does not release you of your financial responsibilities. Should a custom or customized device not be picked up in 30 days from completion, the device may be mailed to the address on file. The shipping label will serve as a delivery receipt and you give authorization to bill your insurance and or you at the usual and customary pricing. Special order items if returned or not picked up will incur shipping, handling, and restocking fees.

- **DIVORCED PARENTS of PATIENTS:** By signing below, the adult who signs a minor child into our practice on the day of service accepts responsibility for payment. This office does not promise to send bills or records to the other parent/guardian for issues of payment or communication. We will communicate about treatment and payment with the parent who signs in that day. Parents are responsible among themselves to communicate with each other about the treatment and payment issues.

- I have read and understand the Dynamic Orthotic Services, Inc.'s financial policy and I agree to be bound by its terms.

- I also understand and agree that such terms may be amended by Dynamic Orthotic Services, Inc.

Signature of Patient or Guarantor

Date

Please Print Patient's Name