

# Paul J. Meissner Jr., D.P.M.

Diplomate: American Board of Podiatric Surgery

Dear Patient:

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

There are many different insurance policies and managed care options. Please appreciate the complexity of insurance coverage today. It is impossible to obtain payment for services without having the full cooperation of the patient. We are experts in foot care and foot surgery, not insurance. We will help you if we can; however, it is ultimately your responsibility to know your insurance policy.

If your insurance requires a referral from your primary care physician, the referral must be received by the time of your visit or you will be required to pay for the service. Many managed care plans do not issue referral numbers after the date of service. A toll free number is usually listed on the back of the card. Someone with your insurance company should be able to answer your questions.

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are the responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Returned checks and balances older than thirty (30) days may be subject to additional collection fees and interest charges. Charges may also be made for broken appointments and appointments cancelled without 24 hours advanced notice.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us at 410-666-3338. We are here to help you.

- I hereby understand that I am responsible for giving "Dr. Paul Meissner, Jr., D.P.M." the correct insurance information.
- I am also responsible for obtaining the proper referral (if needed).
- I agree to pay for services for which I failed to obtain the proper referral.
- I agree to pay for non-covered services under my insurance plan.
- I have read, understand and agree to the above information.

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

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

10400 Ridgland Road, Suite 3 Cockeysville, MD 21030 (410) 666-3338