

# PODIATRY OF COCKEYSVILLE

PAUL J. MEISSNER Jr., D.P.M.

1818 Pot Sping Rd. Suite 110

Lutherville, MD 21093

## Financial Policy

The responsibility of providing complete and accurate insurance information to our office staff belongs to you, the patient. Your insurance policy is a contract between you and your insurance company. Please bring your insurance card with you at each visit. As a courtesy, we will gladly submit a claim to our insurer. You must inform the office of all insurance changes and authorization and referral requirements. In the event the office is not informed, you will be responsible for any charges denied. If your insurance company does not pay the practice within a reasonable period (30 – 45 days per federal law), we will have to look to you for payment and/or assistance with your insurance company.

If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, all charges for your care and treatment are due at the time of service.

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 authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services; however, you remain responsible for charges of any service rendered. Patients are encouraged to contact their insurance companies for clarification of benefits prior to services rendered.

If you are uninsured, payment is expected in full on the day of your visit.

### Co-Pays, Deductibles, and Co-Insurance

Legally, we cannot waive co-pays, deductibles or co-insurance amounts. Contractually, your insurance company requires us to collect the portion for which you are liable at the time services are rendered. Payment made at the time of service allows us to keep administrative costs to a minimum.

### Medicare

Under the Medicare program, there are some services that are not covered. You will be asked to pay for these services at the time they are rendered.

In some cases, we will ask you to make a decision to receive covered services that we expect may be denied by Medicare. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. The physician will explain why (s)he feels you should receive the service. This will be done in writing on a form called an Advance Beneficiary Notice (ABN). The ABN will also provide you the opportunity to agree or refuse the services. It also explains that we will not know if the service is denied until Medicare processes the actual claim.

If you have any questions, either our staff or your Medicare representative will be happy to assist you.

### Acceptable Forms of Payment

We accept the following forms of payment:

Cash

Check – (\$25 returned check fee)

Money Order

Visa

Mastercard

Discover

**Please fill out the reverse side**

**Payment Plans**

Payment plans are available under certain circumstances; however, advance notice and pre-approval is required. Please contact our billing office at 410-825-2443 for more information.

**Past Due Accounts**

Every attempt will be made, including the services of a collection agency, to collect past due accounts. If it is necessary to utilize a collection agency, you will be assessed the fee for such service up to 30% of total amount owed. Past due accounts are transferred to the collection agency after 60 days.

**Missed Appointments**

We understand your time is valuable, so we will make every effort to be on time. Our time is also valuable so we expect you to keep your appointment. If you are unable to keep your appointment, we require a 24-hour notice. Any cancellation without 24-hours notice and any missed appointment will result in a charge of an office visit fee.

**Medical Records**

Authorized written requests for copies of medical records will be honored. Our fees are in accordance with Maryland State Law. Please allow 7 – 10 business days for processing.

**Forms Completion**

Payment for the completion of forms (disability forms, etc.) must be made at the time of service. The fees are as follows:

Simple/Single page forms: \$10 (each form)  
Complex/Multi-Page Forms: \$25 (set fee)  
Please allow 7 – 10 business days for completion of forms.

**Billing Office – Questions and Concerns**

There is usually a 3 – 5 business day delay in receipt of your insurance information after you have received your copy. We can be reached Monday through Friday, 8:00 a.m. – 4:00 p.m. at 410-825-2443, to assist you with account inquiries and the resolution of billing issues. We will try to answer all questions promptly; however, please allow 3 to 5 business days for a response to all billing inquiries.

All payments and/or correspondence should be mailed to  
1818 Pot Spring Rd. Suite 110  
Lutherville, MD 21093

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I, \_\_\_\_\_, have both read, and fully understand the Financial Policy described above. I further understand that my signature signifies that I accept the terms as set forth in this agreement.

\_\_\_\_\_  
Signature of Patient or Financially Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
ID# (for office use only)