



Foot & Wound Center

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FINANCIAL POLICY

Black Warrior Foot & Wound Center and its staff are committed to providing you with the best possible care. If you have Medical Insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered. ALL Co-Pay's will be collected on the day of services provided. We will be happy to help you process your insurance claim at each visit.

You must realize, however, that:

1.) **Insurance is a contract between YOU and your INSURANCE COMPANY**

2.) Our fees generally fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of U.C.R. "U.C.R." is defined as Usual, Customary, and Reasonable fees for this region. Thus, our fees are considered Usual, Customary, and Reasonable fees by most insurance companies.

3.) **Not all services are covered benefits on your contract. Some insurance companies arbitrarily refuse to cover certain services. We have no control over this**

4.) **MEDICARE PATIENTS:** We would like you to understand that taking ASSIGNMENT means that YOU are responsible for the YEARLY DEDUCTIBLE and for the 20% CO-INSURANCE of what Medicare allows. You are responsible for services that your co-insurance does not cover.

If your co-insurance does not pay this amount, then YOU are responsible for it.

Unlike some offices, the FILING OF INSURANCE CLAIMS is a COURTESY that we have always extended to our patients.

However, all charges are YOUR responsibility, NOT your Insurance Company's. We will make our BEST EFFORT to collect from them, but if despite our best efforts, we are NOT Successful then YOU are responsible for the unpaid balance. 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.

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

PLEASE SIGN THE INSURANCE and/or MEDICARE ASSIGNMENT BELOW:

I authorize payment of MEDICAL BENEFITS be made on my behalf to Black Warrior Foot & Wound Center, for any services furnished to me. I authorize the release of any medical information held by BFWFC to the health care financing administration and its agents, to process my claims.

Signature

Date