



# GARDEN STATE PODIATRY, LLC

CARING FOR YOUR FEET ONE STEP AT A TIME

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Tel: 732-442-3668**

## **Financial Policy**

**Welcome to Garden State Podiatry, LLC.** As a new or established patient understanding the mechanics of how the office operates from billing your insurance to purchasing over the counter products is an important portion of your medical experience.

We have compiled information that will be important to you in the form of a “**Financial Policy**”. If you have any questions regarding the following information please do not hesitate to call the office.

### **Insurance**

We are contracted providers for most of the major insurance plans. On your behalf we will bill your insurance company to determine insurance vs. patient responsibility. Providing accurate billing information including the presence of your insurance card will be needed at time of care and will insure more timely claims submission. Being a provider for your insurance does not mean that your insurance will pay for the services provided.

### **Referral Requirement**

Some insurances require you to have a valid referral at the time of service. It is imperative that you provide all of the necessary referral authorization paperwork at the time of the visit if your insurance requires a referral to specialists. The office cannot contact the referring doctor requesting a referral. Without a valid referral your appointment will need to be rescheduled.

## **No insurance**

If you are uninsured we will do our best to keep your healthcare costs to a minimum. Your physician will help direct your care and discuss any costs associated with the healthcare recommendations at the time of treatment. **Payment at time of service will be needed in full.** The office will accept payments based on generally accepted insurance reimbursement rates.

## **Payment**

Payments for Co-payments, unmet deductibles or account balances are due at the time of the visit with all forms of payments including cash, checks, Visa or MasterCard accepted. **There will be a \$25.00 charge for returned checks over and above any fees imposed by the bank.** Accounts that are delinquent will be turned over to collections at the discretion of the doctor. If you would like to make payments on an existing bill this can be arranged after discussion with the office manager.

## **Co-payments**

Please be prepared to pay your Co-payment if you have one at the time of your visit. Your Co-payment amount is determined by your specific insurance plan and is your obligation based on the relationship that you have with your insurance.

## **Deductibles**

If you have an annual deductible that has not been met you will be responsible at the time of your visit for any incurred charges up to that amount.

## **Minor patients**

The adult or the parent (custodial guardian) accompanying a minor is responsible for payment of services. For unaccompanied minors, non-emergency treatment will be denied unless prior authorization from the parent or guardian has been made for the charges and treatment. Young adults (age 18& over) are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs this financial agreement, regardless of insurance coverage.

## **Missed appointments**

Please let us know by phone at least 24 hours in advance if you will be unable to keep your appointment. By giving us early notification that you will be unable to make your appointment we will be able to adjust the schedule accordingly as to not inconvenience other patients. If you habitually cancel appointments we reserve the right to charge a fee associated with this.

**Orthotics**

Every attempt will be made by the office staff to determine insurance coverage for custom made orthotic devices. If at the time of your visit insurance coverage has not been determined you will be responsible for \$200.00 which will be applied to the cost of your orthotic. The balance of the orthotic will be paid at time of pick-up. An amount will be returned to you if your insurance company pays all or a portion of the orthotic cost.

**Supplies**

Some office supplies that your podiatric physician may recommend and provide may not be covered under your insurance plans. We are unable to bill for many of these items. We will be happy to provide receipts for any items that are purchased in the office for your record keeping.

I have read and agree to the terms set forth in the above financial policy. I am financially responsible for any balance due.

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Signature

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Date