



FINANCIAL POLICY

We are committed to providing you with the best possible care and will be pleased to discuss our professional fees and estimated cost of services with you. Please ask if you have any questions about our fees, our Financial Policy, or the amount of your responsibility for services rendered.

All patients must complete this patient form before seeing the practitioner. In addition to paying in full for your appointment, we will need a copy of your driver's license. It is important you understand that you are responsible for all charges that may occur during your visit. Our office offers a discount for self-pay patients. If your insurance company denies the claim, you will be responsible for the entire bill. You are ultimately responsible for the timely payment of your account. The cost of the new patient office visit is dependent on the complexity of the visit. The cost of a new patient office visit does not include the cost of any diagnostic testing deemed necessary by the practitioner reviewing your case. If you have concerns regarding the cost of additional testing that may occur, please express this concern to our staff prior to the visit and they will provide you with all costs involved in procedures.

*If prior authorization for services with an insurance company that Pinnacle participates with is in place, we will submit claims to your carrier. Any deductibles, copays, or coinsurance amounts would remain your responsibility. Any authorization or referral arrangements need to be discussed in advance with the front desk.

SELF-PAY

Uninsured, out-of-network, and self-pay patients must pay the entire cost of services at the time of their visit. Any cost estimate given prior to the visit is an approximation. The cost of a visit cannot be precisely determined until the completion of the visit.

FORM OF PAYMENT – ALL PATIENTS MUST HAVE A VALID DEBIT/CREDIT CARD ON FILE – **If you have not already done so, please provide your credit card information to the front desk at the time of your appointment. For your protection, your credit card information will be encrypted.**

Patient hereby acknowledges and agrees that Pinnacle Foot & Ankle Clinics is authorized to charge patient's account as listed above for any unreimbursed charges based upon their agreement with any payer or any status. Patients will be sent statements of any non-reimbursed charges. If payment is not received, patient understands that patient was informed of the precise amount of any unreimbursed charge in a statement, following submission of the charge to Patient's applicable payer, but Patient expressly agrees that Pinnacle is authorized to bill Patient's listed account for charges relating to Patient's care.

We find that communication with our patients regarding our financial policy assists us in providing the best possible service to you. Agreement with this policy is required for all medical care. If you have special needs, bring them to our attention early. We are here to help you.

Pinnacle Foot & Ankle Clinics, Edina and Burnsville, MN