

Austin Foot and Ankle Specialists (herein after collectively referred to as "AFAS") Notification of Office Policies and Procedures

Reading the following policies and procedures annually will keep you informed about our office.

1. **Consent to Treat:** The undersigned consents to any initial or follow-up evaluations, examinations, x-rays, laboratory procedures, other tests, medications, medical treatment, surgery, physical therapy, home instructions, orthotics, other durable medical equipment, photographing and/or videotaping and/or other services rendered to the patient by AFAS and its providers. The undersigned agrees that it is their responsibility to contact and/or schedule with AFAS for any follow up visits, other services, prescriptions and items ordered for the patient. The undersigned also understands that AFAS's providers exercise their care with reasonable skill and diligence, but make no guarantee as to the results or cure that will be attained.
2. **Appointments:** To allow for greater access of care, our team of physicians is available by appointment during posted hours.
3. **Emergency/after hours:** During a medical emergency, patients should call 911 or proceed to nearest emergency room. On-call physicians should be paged for post-operative complications and other urgent situations.
4. **Refills and Medication:** Refills are completed via a pharmacy request. Contact your plan regarding your drug coverage.
5. **Messages:** Phone messages received before 3:00 PM are usually returned daily. **Patient portal requests are preferred and usually answered more quickly.** Emails and text messaging are also utilized frequently as well. Preferences in communication are accepted and may be updated in your chart.
6. **Payment:** AFAS accepts VISA, MasterCard, Amex, Cash or Checks. All checks are immediately scanned for processing. Our office does not accept temporary checks and we will contact the bank directly to verify checks over \$500. In most cases, we do not offer payment plans. We may offer Care Credit for our services at the 24 month extended payment plan.
7. **Referrals/Authorizations:** When applicable, we are required to follow the guidelines of your managed care plan which mandates us that when you visit a specialist such as ours, you must have a referral from your primary care physician prior to seeking specialty care. Therefore, you are financially responsible for the services received, unless your referral is presented at the time of this visit. If you do not have a referral from your primary care physician at the time of a visit, you will be financially responsible for all services received due in full upon completion of the visit. You will also be given the option to reschedule your appointment
AFAS may refer patients to other providers, facilities, and labs. AFAS is not responsible for these entities. The patient should contact these non-AFAS providers, facilities or labs directly regarding any billing questions. The policy holder is also responsible for all insurance authorizations or managed care referrals necessary for payment to AFAS. Compliance with providers, facilities and other treatments impact patient outcomes.
8. **Missed Appointments:** A \$25 charge will apply for appointments broken or cancelled without 24 hours advanced notice.
9. **Appointment Hold:** Repetitive broken appointments, non-compliance, hostile behavior, and/or financially deficient accounts will result in appointment holds and/or the termination of the Austin Foot and Ankle Specialists Doctor-Patient relationship. 30 days' advance notice will be given should the situation result in a transfer of the patient's care.
10. **Returned Checks:** A \$25.00 fee will be assessed on all returned checks. Any NSF or Closed Account will result in future services on a pre-pay cash or credit basis. The District Attorney's Office will prosecute unresolved checks.
11. **Returns:** Only unworn and non-custom items are returnable within 14 days of receipt, if no visible signs of wear, tear, or odor. Custom items are tailored to meet individual needs; custom items are non-returnable, non-refundable.
12. **Medical Records:** The cost for copied medical records and completion of disability forms will be charged to the patient and collected prior to replicating. The fees for these services are regulated by HIPAA and Texas Health and Safety Code.
13. **Secure Portal:** Patient messaging, instructions, clinical summaries and patient records are provided online.
14. **Privacy Statement:** Any information disclosed in your records will remain confidential and will not be used for any other reason except in providing quality care and treatment as well as to submit your claim to your insurance company and/or any physician/ancillary medical provider contact you authorize.

Print Name of Patient or Legal Authorized Representative

Signature Relationship to Patient

Date

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1. **Designation of Authorized Representative:** I designate and appoint AFAS (and its agents) as my authorized representative and authorize it to act on my behalf to 1) request and receive a copy of the summary plan description, 2) pursue a benefit claim, 3) appeal and adverse benefit determination, and/or 4) file a legal/equitable action to recover benefits from my employee benefit plan, insurance policy, and any third-party reimbursement or prepaid health care plan. I understand and agree that my authorized representative shall have full authority to act, and receive notices, on my behalf with respect to an initial determination of the claim for health benefits relating to treatment and health care services received by me/my child at AFAS, any requests for documents relating to this claim and appeal of an adverse determination of the claim.
2. **Benefits:** AFAS will reiterate the benefits that were disclosed to us by your insurance plan. We will then collect based on the benefit level all applicable copays, deductibles, coinsurances and balances that apply at the time of service or at the pre-operative appointment. To improve accuracy, we may/can update patient records at each visit, annually, or when notified that changes in insurance/employment have occurred.
3. **Insurance Claims:** We participate in most insurance plans. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. AFAS files claims electronically for the patient's primary contracted plan and accepts payment via the patient's assignment. AFAS only files secondary claims for Medicare patients; non-Medicare patients may request itemized statements to file to multiple carriers.
4. **Medicare Assignment:** I certify that the information given by me in applying for payment under XVIII of the Social Security Act is correct and agree to complete the Medicare screening form annually. I authorize the release of information concerning me to the Social Security Administration or its intermediaries as well as any information needed for filing a Medicare claim; I request that payment and authorized benefits be made on my behalf. I assign benefits payable for services to AFAS.
5. **Medicare:** We are a participating Medicare provider. Medicare as well as your secondary insurance (if any) will be billed for you. However, that does not mean that all services are covered. Patients are responsible for paying their annual deductible if it has not yet been met. You are also responsible for any copayments, which are usually 20% for the allowed amount for an item or service.
6. **Multiple Policies:** Your medical claim will be forwarded to your secondary insurance (if any) after payment and /or explanation of benefits (EOB) is received from your primary insurance company. When multiple policies exist, it is the policy holder's responsibility to inform AFAS of their primary plan. Delayed filing to the primary plan can result in violating timely filing limits, resulting in a denial of service and full patient financial responsibility.
7. **Insurance Networks:** We participate in most insurance plans. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. AFAS only files claims to carriers whom we have a contractual relationship; our in-network list is available upon request or on our website. We are not contracted with any Medicaid plans.
8. **Copayments and Deductibles:** All copayments and deductibles must be paid at the time of services. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments or deductibles from patients can be considered fraud. Please help us in upholding the law by paying your copayment at each visit.
9. **Self-Pay:** Payment in full is due at the time of service if you do not have health insurance.
10. **Liability Claims:** AFAS does not accept personal injury protection, and letters of protection or other liability claims. These types of claims are to be paid in full by the patient.
11. **Non-Covered Services:** Please be aware that some of the services that you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You are responsible for payment of these services. AFAS will not submit claims for non-covered items including, but not limited to cosmetic services and medical grade/over the counter convenience items.
12. **Claim Submission:** We will submit you claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

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13. **Patient Billing:** You will be sent a statement for any outstanding balance owed after payment and/or explanation of benefits (EOB) is received from your insurance company/companies. If a second or third statement is required, a \$10 rebilling fee will be added to your account for each subsequent statement. You will be sent up to three notices of your financial responsibility (coinsurance, deductible) after payment and/or explanation of benefits (EOB) is received from your insurance company/companies. If payment is not received after the third and last notice, your account will be forwarded to collections or small claims court, where additional fees will apply. Please let the billing office know if you have any difficulties resolving your bill. Payment arrangements can be made on a case by case basis. We accept the following payment methods: Cash, Check or Visa/MasterCard/AMEX. An additional \$25.00 will be added to your statement if the check is returned for insufficient funds. In the event that your insurance company should happen to send payment to you, the patient, we expect that you would forward it you our office to be applied to your balance.
14. **Patient Balance Statements:** AFAS will send a remainder or balance statement to the patient when the benefits have been misrepresented by the carrier. Each statement will be accessed a \$10 rebilling fee for each month that it is reissued.
15. **Delinquent Accounts:** Past due accounts are subject to collection proceedings and are reported. All collection fees, attorney fees and court fees shall become the guarantor's responsibility in addition to the balance due the office.
16. **Refunds:** AFAS issues patient refunds by check within 30 days of a completed investigation of the potential overpayment, as long as other outstanding accounts have been resolved.
17. **Assignment of Benefits:** I hereby irrevocably assign, transfer and convey to AFAS and any practitioner providing care and treatment to me/my child, any and all benefits and all interest and rights (including causes of action, the right to enforce payment and the right to appeal an adverse benefit determination) to which I am entitled under an employee benefit plan sponsored by my employer, all insurance policies, benefits, any third-party reimbursement, or prepaid health care plan for services rendered or products I received from AFAS.

I, the undersigned, certify that I (or my dependent) have coverage with my insurance as presented and assign directly to AFAS, all insurance benefits, and payable to me for services rendered. I understand that I am responsible for payment of deductibles, copayments and/or non-covered services. I hereby authorize the doctor to release all information necessary to secure payment of benefits. Additionally, I authorize RELEASE OF MEDICAL INFORMATION to my insurance carrier, or requested by physicians to provide continuity of care at my direction. I authorize the use of this signature on all insurance submissions.

I understand that it is my responsibility to inform the doctor's office if there is a change in my health insurance and acknowledge I was provided with a copy of the Notice of Privacy Practices, if requested, and understand and accept its terms.

I have read the above policy regarding my financial responsibility to Austin Foot and Ankle Specialists for medical services provided. I agree to pay AFAS any balance unpaid by my insurance carrier for myself or the below named person.

The undersigned certifies that he/she has read and understands the foregoing statements, and is either the patient, or is duly authorized by the patient as the patient's general agent to execute the above and accepts its terms.

Financial Agreement: I hereby promise to pay for all products received or services rendered to me/my child to the extent I am legally responsible for such payment. According to the language of the physician's insurance contract, I understand that I am responsible for all health insurance copayments, deductibles, coinsurances, OTC (over the counter) convenience items and NCS (non-covered services) and any other amounts that apply at the time of service or at the pre-operative appointment.

Regardless of the assignment of benefits, should the insurance misrepresent their coverage or delay payment of a claim greater than 60 days, as the designated responsible party, I am responsible for the for all monies owed to AFAS. I also understand that the insurance policy is a contract between me (the patient and/or patient representative) and the insurance company; therefore the policy holder should contact the insurance carrier first when there are questions regarding explanation of benefits.

Print Name of Patient or Legal Authorized Representative

Signature Relationship to Patient

Date