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- 1. Reading the following policies and procedures annually will keep you informed about our office.**
- 2. Appointments:** Physicians are available by appointment during posted hours. During a medical emergency, patients should seek care at the nearest emergency room or call 911. Other critical calls should page the on-call physician after hours.
- 3. Refills and Medication:** Refills are completed via a pharmacy request. Contact your plan regarding your drug coverage.
- 4. Messages:** Phone messages received before 3 PM are usually returned daily. Emails are returned less frequently.
- 5. 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.
- 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. We do not offer payment plans. We offer CareCredit and dependent on the amount will allow between 6-18 month payment plans.
- 7. Insurance Claims:** AFAS files claims electronically for the patient's primary contracted plan and accepts payment via the patient's assignment. AFAS files secondary claims if provided at time of service. If not provided patients may request itemized statements to file to multiple carriers.
- 8. Multiple Policies:** 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.
- 9. Insurance Networks:** AFAS only files claims to carriers whom we have a contractual relationship; our in-network list is available upon request or on our website.
- 10. Liability Claims:** AFAS does not accept personal injury protection, letters of protection or other liability claims. These types of claims are to be paid in full by the patient.
- 11. Non-Covered Services:** AFAS will not submit claims for non-covered items including, but not limited to cosmetic services and over the counter convenience items (OTC eg. Biofreeze, Coban, Powerstep, Superfeet, Mycomist, etc...)
- 12. Referrals:** 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 prior authorizations and/or managed care referrals necessary for payment to AFAS.
- 13. Missed Appointments:** A \$25 charge will apply for appointments broken or canceled without 24 hours advanced notice.
- 14. Appointment Hold:** Repetitive broken appointments, non-compliance, hostile behavior, and/or financially deficient accounts will result in appointment hold 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.
- 15. 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.
- 16. Delinquent Accounts:** Past due accounts are subject to collection proceedings and are reported to the credit bureau. All collection fees, attorney fees and court fees shall become the patient/guarantor's responsibility in addition to the balance due the office.
- 17. 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.
- 18. 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.
- 19. Returns:** Only unworn and non-custom items are returnable within 3 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.*
- 20. 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.

The undersigned certifies that he/she has read and understands the foregoing 1-20 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.

Print Name of Patient or Legal Authorized Representative

Signature Relationship to Patient

Date