

Our Financial Policy

Thank you for choosing us as your podiatric health care provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of Our Financial Policy which we require you to read and sign prior to any treatment. Financial arrangements can be made in one of the following two ways:

CASH

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. We accept cash, check, Mastercard, Visa, and Care Credit.

* Ask about Care Credit for 0% financing options

INSURANCE

As a courtesy to you, we will bill your insurance company for services rendered. **60 days are allowed for processing by the insurance company, any unpaid balance or unpaid claims are your financial responsibility.** For regular office visits and treatments, we require payment of your co-payment and/or unpaid deductibles at the time services are rendered. If you become delinquent, your account(s) are subject to collection procedures.

SUPPLIES

All patients are financially responsible for dispensed supplies.

Signature of Patient/Responsible Party

Date

Here at KHFA, we take a “team” approach to managing your health and want to work with you and your other healthcare providers to make sure you are getting the most appropriate care. **Please provide us with the contact information of the other doctors that you see on a regular basis so we can send them reports about your condition and the treatment you are receiving here.** Please fill in as much of the information as you can so we can easily communicate with your other doctors.