

## 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 will 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, checks, 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.

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Signature of Patient/Responsible Party

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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 information as you can so we can easily communicate with your other doctors.