

## **Falk Prosthetics & Orthotics, Inc. Financial Policy**

### **PLEASE READ CAREFULLY**

#### **Payment For Services Rendered**

Payment is due at the time of service. We accept cash, checks, Visa, American Express and MasterCard. We offer an extended payment plan with prior credit approval and arrangements. If you consult with the practitioner and opt to not receive a device, there is a \$50.00 consultation fee. This fee will not be billed to your insurance company and is due at the end of your consultation visit.

#### **Regarding Insurance**

Falk P & O agrees to bill most insurance carriers, if all necessary information is provided. Should your insurance not cover the services provided, the balance is your responsibility. If your insurance company has not paid your account within 45 days, the balance will be automatically transferred to your responsibility. A statement will be mailed to you and payment is expected upon receipt.

Your insurance policy is a contract between you and your insurance company. Coverage cannot be guaranteed. Estimates that we provide may be NON-COVERED services under the Medicare program and/or other medical insurance. In this instance, a statement will be mailed to you and payment is expected upon receipt. If you receive payment directly from your insurance carrier for services rendered to you by Falk Prosthetics & Orthotics, Inc. you agree to forward that payment to us within five days of your receipt of the payment.

In the event that you are billed by Falk Prosthetics & Orthotics, Inc. for services rendered and payment is not made, your account will be forwarded to our collection firm for further action. You will then be held responsible for all collection fees incurred including, but not limited to, lawsuit filing fees, service of process fees, attorney's fees, and all other legal fees and costs as a result of this action in addition to your outstanding balance with Falk Prosthetics & Orthotics, Inc.

#### **Usual and Customary Rates**

It is our policy to charge our patients and their insurers in a fair and consistent manner. Our fees are set at usual and customary rates for this area.

#### **Minor Patients**

The adult accompanying a minor is responsible for payment. If the minor is unaccompanied by an adult, he/she must present payment at the time services are rendered or prior arrangements must be made.

#### **Return Policy**

Due to the intimate nature and/or custom fit of all devices provided by Falk Prosthetics & Orthotics, Inc., all items provided are non-returnable and non-refundable.

#### **Returned Checks**

Should you choose to make payment to Falk Prosthetics & Orthotics, Inc. by check and it is returned, a fee of \$25.00 will be charged to your account.