



Assignment and Release/Financial Responsibility

What is a co-pay?

A co-pay is the small amount you have to pay to access medical care according to your insurance contract. In some cases it might be \$5 - \$60 but with some insurances, it would be a percentage of your bill (10% is common). This is supposed to provide a slight incentive for you to visit the doctor less and thereby avoid overuse of medical services. Medicare patients don't pay a co-pay "up front", but they are responsible for 20% of their bill.

What is a deductible?

A deductible is the amount of money that a patient must pay out of pocket before the insurance carrier is responsible for any charges. The average deductible ranges from \$100 to \$5000 and once this has been met the insurance company will begin to pay for covered services. Medicare patients are responsible for a \$131 deductible at the beginning of each year.

Why do I have to pay my co-pay and/or deductible?

When you sign up with an insurance carrier, you sign a contract which stipulates that you are obligated to pay your co-pay and/or deductible, in certain instances. That means you are required to pay your co-pay or deductible for ALL office visits, including follow-up examinations, outpatient surgical procedures done in our office, etc.

Why do you collect the co-pay instead of billing me like my last doctor?

Co-pays are always due at the time of service and this policy is not something we can negotiate or change.

Why can't you just "write off" my co-pay and/or deductible?

There are several reasons why this can't happen.

1. Since your insurance "contract" stipulates that you must pay a co-pay and/or deductible, waiving this fee violates your contract.
2. When we sign up with your insurance company, we also sign a contract that says we will collect co-pays and/or deductibles as stipulated in our contract.
3. If the doctor gives you a discount by waiving your co-pay and/or deductible and then bills the insurance company without giving them the same "discount" it could be considered insurance fraud.

I, the undersigned certify that I (or my dependent) have insurance with _____ (name of insurance) and assign directly to Mid-South Foot & Ankle Specialists, all insurance benefits, if any, otherwise payable to me for services rendered. **I understand that I am personally responsible to pay all charges that are not covered by my insurance, including but not limited to co-pays, deductibles and non covered services. I further understand I am responsible for any collection and or legal fees incurred in the collection of any past due charges.** I hereby authorize the doctors to release all information necessary to secure benefits, to continue medical care or to forward to a collection service. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date

Consent to Photography

I authorize Mid-South Foot & Ankle Specialists to obtain and use photography as needed.

Responsible Party Signature

Relationship

Date

HIPAA

I have read and understand the Privacy Policy Agreement for

Responsible Party Signature

Relationship

Date