



**Dr. Karen Lee DPM • Dr. Andrea Aedo DPM**  
10041 Pines Blvd, Suite E, Pembroke Pines, FL 33027  
Tel: 954-437-0200 Fax: 954-436-2159  
PodiatryInThePines.com

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## **Patient Financial Policy**

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff or supervisor.

- As our patient, you are responsible for all authorizations/referrals needed to seek treatment in this office. \_\_\_\_
- It is the patient's responsibility to know whether our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges. \_\_\_\_

Unless other arrangements have been made in advance by you, or your health insurance carrier, payment for office services are due at the time of service. We will accept VISA, MasterCard, Discover, cash or personal check. \_\_\_\_

- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the claim within a reasonable period, we will have to look to you for payment. \_\_\_\_
- We have made prior arrangements with certain insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the co-pay/co-insurance/deductible as outlined by your insurance carrier. \_\_\_\_
- If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, all charges for your care and treatment are due at the time of service. \_\_\_\_
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered," or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered. \_\_\_\_
- You must inform our office of all-insurance changes and authorization/referral requirements. In the event the office is not informed, you will be responsible for any charges denied. \_\_\_\_
- For most services provided in the hospital, we will bill your health plan. Any balance due is your responsibility. \_\_\_\_
- There are certain elective surgical procedures for which we require pre-payment. You will be



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informed in advance if your procedure is one of those. In that event, payment will be due one week prior to the surgery. \_\_\_\_

- **Past due accounts** are subject to collection proceedings. Interest of 2% will incur if a balance remains unpaid after 60 days. In addition to the balance due for services performed by this office, all costs incurred including, but not limited to, collection fees, attorney fees and court costs shall be your responsibility. \_\_\_\_
- **Returned Checks:** There is a service fee of \$35.00 for all returned checks. Your insurance company does not cover this fee. \_\_\_\_
- **Missed appointments:** We require notice of 24 hours in advance. This allows us to offer the appointment to another patient. If you fail to keep your appointment without notifying us in advance: a missed appointment fee without notification will apply. This fee is \$25.00. Repeated missed appointments without notification may cause you to be discharged from the practice so that we can provide care to other patients. \_\_\_\_
- **Medical Record Fees:** Patients are entitled under federal law to have access to their protected health information and we follow all rules, guidelines and exceptions to ensure compliance with patient's right. Our fees are a reasonable cost-based fee for copies and include the copying, supplies, labor, and postage of the files, and or summaries. \_\_\_\_
- **Forms/Reports:** The time it takes to write/dictate a report is not a part of regularly scheduled appointments: therefore, the provider must work overtime and this work is subject to a fee. \_\_\_\_
- **Timeliness of Appointments:** We try to see everyone in a timely manner but if we are taking too long, please let our receptionist know so we can best serve your needs and reschedule you if necessary. \_\_\_\_

**Signature of Patient/Responsible Party:** \_\_\_\_\_

Printed Name of Patient/Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Patient initials to indicate copy received.