Billing Information

We are committed to providing you with the best possible podiatric care. If you have medical insurance, we want to help you receive the maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policies.

Payment for services are due at the time services are rendered. We accept cash, credit cards, personal checks, and money orders. If we are providers for your insurance company, we will file your claim(s) for your, however, you are responsible at the time of services for all copay and deductibles. It is your responsibility to know what those amounts are according to your contract with your insurance company. If we are not providers, we expect payment in full and will give you all the information needed to file your claim(s) for reimbursement.

However, you must realize that:

1. Your insurance is between you and your insurance company. We are not a party to that contract unless we have entered into a written agreement with your insurance company as a provider. An example:

    A. Medicare-

        I. The patient is responsible for all co-insurances and deductible amounts as outlined in the Medicare laws. Supplementary insurance will be accepted ONLY if it crosses over under the Medigap program. If not, the patient is responsible for all deductibles and 20% of Medicare's allowed amount.

2. Our fees are generally considered to fall within the acceptable range of most insurance companies and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage of Usual, Customary and Reasonable Fees (UCR) for a specific reason. This does not apply to companies who reimburse on fee schedules.

3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Therefore, the patient is responsible for these services. We also carry several items that are not paid for by your insurance company and are listed as non-covered supplies. These must be paid for at the time of purchase.

4. Returned checks are subject to additional collection fees.

5. Charges may also be incurred for appointments and surgical reservations not cancelled 24 hours in advance. TPA reserves the right to refuse services to any patient who "no show" appointments three (3) times within a 12 month period.

We must emphasize as podiatry care providers, our relationship is with YOU, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility for the date services are rendered.

I UNDERSTAND AND AGREE, REGARDLESS OF MY INSURANCE STATUS, I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES AND BALANCES DUE ON MY ACCOUNT FOR PROFESSIONAL SERVICES INCURRED AT TALLAHASSEE PODIATRY ASSOCIATES, PA. I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED TO ME.

Patient's Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Witness Signature:_____ Date:_____