

## Progressive Podiatry: Payment Policies

Thank you for selecting Progressive Podiatry. We look forward to providing you with quality foot-care.

Please review our payment policies outlined below to understand how our payment policy works, learn about patient responsibilities, and understand what information you will have to provide in order for our office to submit health insurance claims. If you have any questions regarding our payment policy, please do not hesitate to contact us.

Please review the following policies and sign in the space provided to indicate that you agree to our terms.

**1. Health Insurance:**

Progressive Podiatry participates in many [insurance plans](#). In order for our office to verify coverage you must bring in your current insurance card to your initial visit. Please keep us informed of any changes. If you are not covered by one of the plans we participate in or you do not have a current health insurance card, payment in full will be required at the time of service, or with each visit. If you have any questions about your insurance coverage, please contact your insurance company directly.

**2. Health Insurance Coverage Changes:**

If you change your health insurance company, have made changes to your health insurance policy, or no longer have health insurance coverage, please notify us at the next visit.

**3. Co-Payments/Deductibles:**

As part of your contract with your insurance company, you must pay your co-payments and deductibles at each visit, at the time of service. This is not only our policy, but something we are required to do by law.

**4. Proof of Insurance:**

Before seeing the doctor, we require all patients to complete our [patient information form](#) and provide us with a copy of your driver's license or other photo ID and current valid health insurance card. If you fail to provide us with current or correct health insurance information in a timely fashion, you may be required to pay for all services and balances yourself.

**5. Non-Covered Services:**

Insurance companies may not cover certain services provided by our practice, and or deem some or even all services unreasonable or unnecessary. These services must be paid for in full during your visit.

**6. Submission of Claims:**

Our office will submit all claims to your insurance company and make all reasonable attempts to follow-up. However, your health insurance company may request that you give them certain information regarding claims directly. It is your responsibility to provide this information. Regardless of whether your insurance company pays your claim, you are responsible for any balance.

**7. Coverage for Durable Medical Equipment (DME):**

Our office will endeavor to obtain prior authorization for any DME, however, even with prior authorization your insurance company may not pay the claim. **If this happens you will be responsible for payment.** Please contact your insurance company for any questions or concerns regarding coverage for DME or any health care services.

**I have read and understand the payment policies outlined above and agree to adhere to its guidelines:**

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Signature of Patient or Responsible Party

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Date