Thank you for choosing Podiatry Associates of Cincinnati, Inc. as your healthcare provider. We are committed to your treatment being successful and we appreciate your trust in us. Please understand that payment of your bill is considered part of your treatment. We find communication with our patients regarding our policies assists us in providing the best service possible. The following is a statement of our Financial Policy which we require you to read and agree to prior to your treatment:

- As our patient, you are responsible for obtaining all referrals required by your insurance company to seek treatment in this office.
- We are happy to file your insurance claim for you. In order to work with your insurance company, we must have **complete and current information,** a **copy of your insurance card,** and **your signature on file.** You must inform the office of all insurance changes and authorization requirements. You will be responsible for any charges that are denied by your insurance company which result from your failure to provide the office with complete and current information.
- Please understand there may be charges for Podiatric Services which your insurance company considers non-covered and may be excluded from your policy. You are responsible for these fees and you authorize Podiatry Associates to bill you for any appropriate services. This is in accordance with your insurance company contract.
- All co-pays, co-insurance, deductibles, and account balances **are due at time of service.** We accept cash, check, MasterCard, Visa, and Discover.
- Patients who are self-pay or have no insurance are required to pay the balance in full at the time of service.
- Missed appointments and/or failure to cancel without 24 hour notice will be subject to a $30.00 patient charge. This is an office charge and cannot be billed to your insurance company.
- There is a charge of $40 to complete FMLA and other disability paperwork which is payable prior to these forms being completed. Understand that these forms can be quite complicated and tedious to fill out. Please allow the office 10 business days in which to review your medical record for the information requested, complete it, copy, mail or fax it.
- Returned checks are subject to a $25.00 fee.
- We do understand special financial needs and offer payment plans in these circumstances. Most balances will be required to be paid off in 4 monthly consecutive payments.
- Past due accounts are subject to collection proceedings. All fees including, but not limited to, delinquent fees, collection fees, and court fees will become your responsibility in addition to the balance due this office.

Please note the following fee schedule for copies of Medical Records and preparation of any medical paperwork effective January 2010. The following fees (plus actual cost of any postage) apply if request comes from the patient or a patient representative:

- $2.92 per page for the first ten pages
- $.61 per page for pages 11-50
- $.25 per page for pages 51 and higher
- For data recorded other than on paper: $2.00 per page

The following fees (plus actual cost of any postage) apply if request comes from an attorney:

- $1.81 per page for the first 10 pages
- $.61 per page for pages 11-50
- $.25 per page for pages 51 and higher
- For data recorded other than on paper: $2.00 per page

The practice requires a 48 hour turnaround time for copies of Medical Records and 10 business days for preparation of any medical paperwork.
Prices are determined by Ohio Department of Health in accordance with Ohio Revised Code Section 3701.742.

Ohio law provides for certain limited situations in which copies of records must be provided without charge**, for example, where the records are necessary to support a claim by a patient for Social Security disability benefits.**

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE FINANCIAL POLICY

SIGNATURE Date_____

(Signature of Patient or Person Financially Responsible)

_____Patient Initials to indicate copy received

8404 Beechmont Ave.
Cincinnati, OH 45255

10615 Montgomery Rd., Ste. 100
Cincinnati, OH 45242

8746 Union Centre Blvd.
West Chester, Ohio 45069

Podiatry Associates of Cincinnati, Inc.
(513) 474-4450

Financial and Office Policy