

### **A If You Have Insurance Coverage**

1. Proof of insurance. It is your responsibility to provide current valid proof of insurance. If you fail to provide us with the correct insurance information or do not have an up-to-date insurance card we cannot properly file your claim and you will be responsible for all charges incurred. Please contact your insurance company if you are unsure of your coverage.

2. Coverage changes. If your insurance changes, please notify us before your next visit to avoid unexpected charges.

3. Claims submission. As a courtesy, Able Prosthetic Care, Inc. will file a claim with your insurance company for any products or services provided and assist you in any way we can to help get your claim(s) paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Failure to comply may result in you having additional costs. We will verify benefits prior to providing service. However, verification of benefits is not a guarantee of payment. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim(s).

Note: In certain cases, the payment is sent directly to you instead of Able Prosthetic Care. If this occurs, it needs to be sent to us immediately so we can credit your account.

4. Co-payments and deductibles. Prior to beginning any custom made device or delivery of off-the-shelf items, we will estimate the co-payments and deductibles you may incur based on the information we obtain from you and your insurance company. The anticipated patient portion is due prior to beginning the construction of any custom device or delivery of off-the-shelf items. If the amount you paid is more than your deductible and/or coinsurance responsibility as stated on your Explanation of Benefits, we will refund any amounts overpaid after your claim is processed by your insurance company. If the amount you have paid is less than your deductible and/or coinsurance responsibility, you will be billed for the additional amount after your claim is processed by your insurance company. The remaining balance will be due within 30 days.

Note: We are required by law and/or contract to make every effort to collect all patient portions due.

5. Non-covered services. Please be aware that some services and/or products may not be covered by you insurer. You must pay for these services in full at the time of visit or prior to beginning any custom device.

**B If You Do Not Have Insurance Coverage** - Payment in full is due prior to beginning the construction of any custom prosthetic devices **OR** delivery of non-custom devices, supplies, or service.

**C Nonpayment/Delinquent Account** – Any outstanding balance remaining unpaid past the due date may be referred to a collection agency. You will be charged a fee of \$25.00 for any returned check.

**D Custom Devices** – A custom item, once made, cannot be used on another person and thus cannot be returned for refund or credit. By giving Able Prosthetic Care permission to proceed in the process of having a custom device made, you enter into an agreement that gives Able Prosthetic Care the legal right to bill your insurance and you will ultimately be held financially responsible.

It is not our intention to place our patients in a position of hardship or financial burden. However, it is important to resolve outstanding balances in a mutually agreeable fashion so that we can continue to provide our patients with high quality care. It is for this reason that no exceptions will be made to this policy without a prior written agreement. If you need special financial consideration it is your responsibility to request it prior to the provision of products or services.

*By signing below I acknowledge that I have read the above Financial Responsibility Notice for Able Prosthetic Care, Inc. and I understand the financial process described herein. I hereby authorize payment to be paid directly to **ABLE PROSTHETIC CARE** for any products or services rendered. My signature indicates that I accept the terms of this agreement.*

Signature \_\_\_\_\_

Date \_\_\_\_\_ .