

**FINANCIAL POLICY FOR THE OFFICES OF GARY W. COCKRELL, DPM**  
**Cutting Edge Foot and Ankle Clinic**  
**1001 Health Park Drive, Suite 330, Brentwood, TN 37027**

We at Gary W. Cockrell, DPM are committed to providing you with the best possible care. If you have Medical Insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding on our payment policy.

Unless INSURANCE ARRANGEMENTS have been approved in advance by our staff, payment for services is due at the time services are rendered. We accept payment in the form of cash, MasterCard, Visa, American Express, or Discover and checks. We will be happy to process your insurance claim for your visit.

Returned checks and balances older than 60 days are subject to additional collection fees and interest of 1.5% per month. We will gladly discuss your proposed treatment and answer any question relating to your insurance.

You must realize, however, that:

- Insurance is a contract between you and your insurance company.
- Our fees generally fall within the acceptable range by 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 (such as 50% or 80%) of U.C.R. "U.C.R." is defined as Usual, Customary and Reasonable by most companies. This does not apply to companies who reimburse based on arbitrary "schedule" of fees, which bears no relationship to the current standard of fees and cost of care in this area.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily refuse to cover certain services. We have no control over this.
- Many insurance carriers have their own specific criteria set for how frequently an exam, test or procedure can be performed in addition not paying for certain type of services. Consequently, it is impossible for our office to know of all of the many different employer or self-insured group benefits from one employer or self-insured to the next. Therefore, our office cannot be held responsible for informing the patient whether a particular service is covered or not. Although our staff will make every effort to try to assist you in understanding your health benefits or supply you with other health plan related resources.
- **MEDICARE PATIENTS:** We would like you to understand that taking **ASSIGNMENT** means that **YOU** are responsible for the **YEARLY DEDUCTIBLE** and for the 20% (co-insurance) of what Medicare allows. You are also responsible for services that your co-insurance does not cover. If your coinsurance does not pay this amount, **YOU** are responsible for it.

Unlike some offices, the filing of insurance claims is a courtesy that we have always extended to our patients. However, all charges are your responsibility, not your Insurance Company's. We will make our best efforts to collect from them, but if, despite our best efforts, we are not successful, you are responsible for the unpaid balance.

We realize that temporary financial problems may affect timely payment of your account. We don't want any financial problems to get in the way of our good relationship with you. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We really are here to help you.

1. All copayments are due at time of visit. Postdated checks are not accepted.
2. Co-insurance and unmet deductible are due prior to scheduled surgeries and procedures. Once benefits are verified and your **estimated** financial responsibility calculated, you will be notified of the payment amount and due date.
3. You are ultimately responsible for payment of charges for services you receive from our office.

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4. In accordance with your insurance member handbook, it is your responsibility to provide accurate insurance information and to present your insurance ID card at the time of your visit. If you do not have insurance or do not present a valid insurance card, you will be responsible for payment at the time of service.
5. It is your responsibility to ensure that our physician is in your network.
6. If your plan requires a referral, it is your responsibility to obtain this prior to being seen by our provider.
7. Cancellations for appointments and procedures must be received at least 24 hours prior to the scheduled appointment. Cancellations for scheduled surgery must be received at least 5 days prior to the scheduled surgery date and time. Patients who fail to cancel a scheduled office visit appointment will be charged a \$35.00 No Show Fee. \$90.00 No Show/Call Fee for Certain In Office Surgeries. Outpatient Facilities Surgeries not canceled at least 5 days prior to the scheduled surgery date may be subject to a \$125.00 fee. All fees must be paid in advance prior to reappointing and/or prescription requests at our office.
8. Late arrivals for appointment may be subject to rescheduling pending day's schedule.
9. Payment is due for rendered services 10 days from receipt of your billing statement. Unpaid previous balances must be paid in full prior to any additional visits, unless arrangements have been made with our account representative.
10. The returned check fee is \$30.00
11. Medical records requests must be received in writing at least 10 business days prior to the date needed. Fees for medical records are set in accordance with allowable amounts as defined by the State of Tennessee. Fees must be received prior to record delivery. Some medical records requests may take longer to process.
12. **Administrative Services:** There is a \$20.00 charge for **each** Administrative Service payable prior to service completion. This Administration covers specific administrative services such as forms completion for family medical leave and disability, letters for insurance authorization for brand or non-formulary drugs, letter for employers, school, health clubs, and any other administrative item not covered by insurance. **Revalidation on a single form completion will be a minimum of \$10.00**
13. All sales are final with OTC (Over The Counter) or DME (Durable Medical Equipment) items.
14. Please allow 60 days from the time your insurance company responds to a claim, for your deposit refund to be processed. Refunds will be issued in the form of a paper check that will be mailed to your home address.

**By signing below, I have read, understand and acknowledged and agree to the provisions of this Financial Policy of Gary W. Cockrell, DPM, and accept all payment terms under this Policy as well as my responsibilities as a patient to know and understand my health insurance benefits for services provided.**

Printed Name: \_\_\_\_\_

Signed, \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of Patient or Person Financially Responsible for Account)