

**Foot and Ankle Clinic of Spokane/ Idaho** (herein after collectively referred to as “FACSI”)

**Notification of Office Policies and Procedures** Reading the following policies and procedures annually will keep you informed about our office.

1. **Appointments:** Physicians are available by appointment during posted hours. During a medical emergency, patients should seek care at the nearest emergency room or call 911. Other critical calls should call the patient on her cell phone at 509-590-6613.
2. **Refills and Medication:** Refills are completed via a pharmacy request. Contact your plan regarding your drug coverage. It is necessary to be seen with an office visit to have narcotics refilled.
3. **Messages:** Phone messages received before 3 PM are usually returned daily. Emails are returned less frequently.
4. **Benefits:** FACSI will reiterate the benefits that were disclosed to us by your insurance plan. We will then collect based on the benefit level all applicable copays, deductibles, coinsurances and balances that apply at the time of service or at the pre-operative appointment.
5. **Payment:** FACSI accepts VISA, MasterCard, Cash or Checks. All checks are immediately scanned for processing. Our office does not accept temporary checks and we will contact the bank directly to verify checks over \$500. In most cases, we do not offer payment plans. We may offer Care Credit for surgeries at the 24 month extended payment plan.
6. **Insurance Claims:** FACSI files claims electronically for the patient’s primary contracted plan and accepts payment via the patient’s assignment. FACS only files secondary claims for Medicare patients; non-Medicare patients may request itemized statements to file to multiple carriers. Payment in full for each visit is required if you do not have an up to date insurance card until coverage is verified. Knowing your insurance benefits is your responsibility. Please contact your insurance company for coverage questions.
7. **Multiple Policies:** When multiple policies exist, it is the policy holder’s responsibility to inform FACSI of their primary plan. Delayed filing to the primary plan can result in violating timely filing limits, resulting in a denial of service and full patient financial responsibility.
8. **Insurance Networks:** FACSI only files claims to carriers whom we have a contractual relationship; our in-network list is available upon request or on our website. Payment is expected in full if you are not insured with a plan we are not in network with.
9. **Liability Claims:** FACSI does not accept personal injury protection, and letters of protection or other liability claims. These types of claims are to be paid in full by the patient.
10. **Non-Covered Services:** FACSI will not submit claims for non-covered items including, but not limited to cosmetic services and over the counter convenience items (OTC eg. Biofreeze, Coban, etc..)
11. **Referrals:** FACSI may refer patients to other providers, facilities, and labs. FACS is not responsible for these entities. The patient should contact these non-FACSI providers, facilities or labs directly regarding any billing questions. The policy holder is also responsible for all insurance prior authorizations and/or managed care referrals necessary for payment to FACSI. It is the responsibility of the patient to obtain insurance referral prior to the office visit.
12. **Missed Appointments:** A \$25 charge will apply for appointments broken or canceled without 24 hours advanced notice.
13. **Appointment Hold:** Repetitive broken appointments, non-compliance, hostile behavior, and/or financially deficient accounts will result in appointment hold and/or the termination of the Foot and Ankle Clinic of Spokane Doctor-Patient relationship. 30 days’ advance notice will be given should the situation result in a transfer of the patient’s care.
14. **Patient Balance Statements:** FACSI will send a remainder or balance statement to the patient when the benefits have been misrepresented by the carrier. Each statement will be accessed a \$10 rebilling fee for each month that it is reissued.
15. **Delinquent Accounts:** Past due accounts are subject to collection proceedings and are reported to the credit bureau. All collection fees, attorney fees and court fees shall become the patient/guarantor’s responsibility in addition to the balance due the office.
16. **Returned Checks:** A \$25.00 fee will be assessed on all returned checks. Any NSF or Closed Account will result in future services on a pre-pay cash or credit basis. The District Attorney’s Office will prosecute unresolved checks.
17. **Refunds:** FACSI issues patient refunds by check within 30 days of a completed investigation of the potential overpayment, as long as other outstanding accounts have been resolved.
18. **Returns:** Only unworn and non-custom items are returnable within 14 days of receipt, if no visible signs of wear, tear, or odor. Custom items are tailored to meet individual needs; custom items are non-returnable, non-refundable.
19. **Medical Records:** The cost for copied medical records and completion of disability forms will be charged to the patient and collected prior to replicating.
20. **SHOES / Equipment RETURN-** An appointment is needed for any shoe fitting/dispensing to ensure adequate time. Diabetic shoes may be billed to your insurance once we receive proof that you are a diabetic from PCP. Returns after 30 days is not permitted. The item must be in returnable condition. Any CUSTOM durable medical equipment is not returnable for any reason.
21. **Laboratory Test Results-** All lab tests are to be discussed during your next scheduled visit. Please make your appointment before you have your test done. (MRI, CT scan, Bloodwork etc)
22. **Patient Billing-** All copays, coinsurance and deductible amounts must be paid at the time of service. Please verify your benefits with the insurance carrier.
23. **PHYSICIAN PHONE CALLS.** Phone calls with our physician is a billable service and may be billed to your insurance carrier. You are responsible for your portion of the insurance benefits for physician phone calls.

The undersigned certifies that he/she has read and understands the foregoing 1-23 statements, and is either the patient, or is duly authorized by the patient as the patient’s general agent to execute the above and accepts its terms.

\_\_\_\_\_  
Print Name of Patient or Legal Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date