

# RAJEEV SEHGAL, DPM, FACFAS

## Medical and Surgical Treatment of the Foot and Ankle

### OFFICE POLICY FOR INSURANCE AND FINANCIAL ARRANGEMENT

At Dr. Sehgal's offices we are committed to providing you with the best possible care. In order to achieve this goal we need your assistance, and your understanding of our payment policy. We ask that all patients read and understand this policy.

Patients are responsible for any co-payments or cost of services not covered by their insurance at the time of their appointment. If we do not participate with your insurance company we will gladly submit your claims for you, however, you are ultimately responsible for any non-covered services. **Patients that do not have insurance coverage will be responsible for payment in full at the time of their appointment, unless arrangements have been made prior to their appointment time.**

**We participate with the following insurance companies, but are not limited to: Medicare, Blue Care Network, Aetna, Blue Cross Preferred Plus, Blue Cross Blue Shield of Michigan, Blue Cross Community Blue, Blue Choice, HAP, and United Health Care.**

Patients that require a referral/ authorization must get that from their primary care physician and **bring** it with them to their appointment. **If we do not have the referral at the time of service, we will not be able to see the patient and will have to reschedule their appointment.**

**We must emphasize that as a Podiatric care provider, our relationship is with you, not your insurance company.** While the filing of insurance claims is a courtesy that we extend to our patients, all charges are the patient's responsibility from the date the service is rendered. We realize that temporary financial problems may affect timely payment of your account and if such problems do arise we encourage you to contact us promptly.

The following charges are strictly patient responsibility and will not be submitted to insurance as they are not covered benefits: Returned checks will be assessed a \$50.00 fee. Should you fail to pay for services rendered, your account may be turned over to a collection agency or attorney for collection. Once your account is turned over to a collection agency or attorney, you shall be responsible for the full balance due plus an additional 35% of the current balance due to cover collection costs and/or attorney fees. Interest will accrue on accounts referred to an outside collection agency at a rate of 1.5% per month. We also reserve the right to charge fifty-five dollars (\$55.00) for the cancellation of an appointment without 24 hours notice or for no-show appointments. The purchase of products including medications, diabetic socks, orthotics (not covered by insurance), orthopedic appliances/braces, and refurbishing of orthotics are subject to an extra charge. Products purchased must be paid for in full at the time of delivery.

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Patient/Parent/Guardian Signature

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Date

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Printed Name