

ADVANCED FOOT & ANKLE SPECIALISTS  
Jonathan Pattavina DPM

61 Summer Street	452 Old Street Road
Keene, NH 03431	Peterborough, NH 03458
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INSURANCE/PAYMENT POLICY

Payment for services is due at the time services are rendered, unless our office has approved other arrangements in advance. Co-pays not paid at the time of the visit incur a \$3.00 fee. We accept cash, personal checks and credit/debit cards. There will be a 3.5% fee charged for credit/debit card processing.

We will be happy to file your primary insurance for you. If payment has not been received from your insurance company within 60 days, the amount due will be billed directly to you.

Patients are responsible for deductibles, co-pays, coinsurances, non-covered services and any services that has exceeded it's annual maximum at the time of service.

If you have an HMO, you must have a REFERRAL from your primary care provider prior to your visit with us or you will be responsible for all payments in full that your insurance refuses.

Should your account be turned over to our collection agency for non-payment, there will be a 30% increase added to your balance to defray the costs the collection agency charges us and a 50% increase if your account goes to small claims court.

There is a \$65 fee for not showing up or canceling your appointment within 24 hours.

PLEASE KEEP IN MIND:

- Not all services are covered benefits with all contracts. Each insurance company had unique criteria for non-covered services.
- Many insurance companies require precertification for certain procedures (especially in our outpatient surgery) Please call your insurance company for verification prior to treatment.
- We must emphasize that as a medical care providers, our relationship is with you, the patient, and not your insurance company.

By signing below I have read and understand the above Insurance/Payment Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_