MILWAUKEE
FOOT AND ANKLE SPECIALISTS
MILWAUKEEFOOT.COM

FINANCIAL AND CANCELLATION POLICY

We are pleased to offer you the service of billing your insurance company for the care you have received from our doctors. It is your responsibility to notify us of any changes in your insurance coverage.

If you are uninsured, payment is due in full on the date of service, or payment must be made in advance. For insured patients, co-pays and deductibles are due on the date of service provided to you in the office.

The fees we charge for services are usual and customary for this area. Your health insurance policy may base its allowances on a fixed fee schedule that may or may not coincide with our usual fees. You should be aware that different companies may vary greatly in the type of coverage available.

Ultimate responsibility of payment for services rendered is yours.

For our Medicare patients, we agree to accept the charge determination of the Medicare carrier as the full charge. You are responsible only for the deductible, coinsurance, and non-covered services as determined by the Medicare carrier.

I hereby authorize Milwaukee Foot and Ankle Specialists to release to any insurance company, physician, or hospital all medical information which is necessary to afford proper treatment or obtain payment for services. I hereby assign to the physician(s) all payments for medical services rendered to myself or my dependents. I have read and fully understand the above, and I realize that I am responsible for any charges not covered by my insurance.

We want to thank you for choosing us as your health care provider. In order to give you and all our patients the best possible care, we request that you review our policy regarding missed and/or cancelled appointments below:

A MISSED APPOINTMENT IS WHEN YOU FAIL TO SHOW UP FOR AN ALLOTTED APPOINTMENT TIME, WITHOUT A PHONE CALL OR CANCELLATION NOTICE OF (AT LEAST) 24 HOURS.

A $50 fee will be assessed for each appointment that fails to comply with the above policy.

Patient or Guardian Signature:_____ Date:_____