

WELCOME

UNIVERSITY PODIATRY ASSOCIATES

DR. BENNETT L. WOLANSKY

DR. LAUREN DABAKAROFF

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DAVIE, FL 33328

954-680-7133

OUR OFFICE FINANCIAL POLICY:

I fully understand that I am directly responsible to University Podiatry Associates for all medical bills submitted by them for services rendered to me. This agreement is made solely for said doctor's additional protection. I fully understand that such payment is not contingent on any settlement, judgment, or insurance payment by which I may eventually recover said fee.

If you want us to file a claim with your insurance company for your visit, you must:

1. Have met your regular medical deductible or (in some cases) your surgical deductible
2. Furnish us with all necessary insurance information, and/or forms that may be required to be submitted to your insurance company
3. All office co-payments are to be paid at the time services are rendered

You will be responsible for all co-payments, percentages, and denied charges after your claim is filed. IF PAYMENT IS NOT RECEIVED FROM YOUR INSURANCE COMPANY WITHIN 2 MONTHS FROM OUR FILING YOU WILL BE RESPONSIBLE FOR THE TOTAL BILL. Our office files strictly as a courtesy for our patients. We are not responsible if payment is not received. There are no exceptions.

Medicare Patients: We will file and accept assignment on Medicare claims, however, this is not considered payment in full. All Medicare deductibles and/or co-payments are the responsibility of the patient. We will file any secondary insurance as a courtesy if you provide us with the necessary information.

I am responsible for any legal, collection fees, or service charges incurred on my account. Additionally, there will be a monthly 1.5% interest charge added to all unpaid accounts.

Patient's Signature _____

DATE: _____