

THE FOOT AND ANKLE CARE CENTER, INC.
125 North Robertson Blvd
Beverly Hills, CA 90211

We want to welcome you to our office. We hope that our association will be of great relief to you. The following is a description of our office policies relative to payment based on your insurance.

All copays, deductibles, and estimated insurance balances are due at the time of services.

It is the patient responsibility to be aware of his/her Insurance Benefits. As courtesy to our patients, we will bill insurance carriers for services provided by our office, whether or not we are provider for that carrier. Please contact your insurance re: coverage for your services. Payment of benefit will be subject to all terms, conditions, limitations, and exclusion of your contract at time of service

Any medical supplies purchased in the office must be paid at the date of service. These are not billable and all sales are final.

If surgery is required, it may be scheduled at Linden Surgery Center, a privately-owned corporation and managed ambulatory care center or similar location, or Cedar Sinai Medical Center.

A **\$65** fee will be charged to you for any appointment missed or cancelled with less than 24 hours notice. A \$35 fee will be charged for any returned checks or credit cards. Interest of 12% annually will be charged to all balances unpaid past 90 days.

We would be happy to answer any questions you might have regarding our office policy. Your understanding of our response to this difficult problem is greatly appreciated.

Patient's
Signature _____ Date _____