



Dr. David K. Croshaw ♦ Dr. Brandon D. Wilde

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Financial Agreement

Thank you for choosing Valley Foot and Ankle. We are committed to your successful treatment outcome. Please understand that payment for medical services is considered a part of your treatment, in that provision of treatment cannot be sustained without financial coverage of the expenses. The following is a statement of our financial policy, which we ask you to read and sign prior to any treatment.

Regarding Insurance Billing and Patient Deductibles and Copays:

If you are covered by insurance and have a pending deductible we require it be paid in full at the time of service. We also require that your insurance co-pay, or a minimum of \$50.00 (whichever is smaller) to be paid at time of each visit. Any other arrangements must be made in advance with office personnel. Setting up an installment plan may be allowed by the billing department, but will require that monthly payments be made as designated. Customarily insurance pays only a portion of expenses claimed. We are pleased to assist you in filing insurance claims. However, your insurance policy is a contract between you and your insurance company. Although we may be a participating provider with your plan, we are not a party to your policy contract. Therefore, any portion of contracted allowances not paid by your insurance company, remains your responsibility, and we will appreciate prompt payment. Any balances older than 30 days will be assessed a monthly service charge of 1.5% (18% annual.) An additional charge of \$25.00 will be assessed to your account for any returned checks

If You Have No Insurance...

As it is customary to pay for professional services at the time of the visit, payment in full is due following each provided service. **We accept Cash, Checks, and all major Credit Cards.** Other forms of financing for Medical care are also available by application for those who qualify. Please ask about this if you are interested.

Collection Procedures:

We hope that collection action will not be necessary, but our policy requires that delinquent accounts that ultimately require the services of an outside agency to collect payment, will be assessed \$25.00 for processing fees, and will then also be responsible for all legal fees incurred.

Thank you for considering our Financial Policy. Please let us know if you have questions or concerns.

Statement of Understanding and Agreement

I have read this Financial Policy. I understand and agree to these stipulations.

Date: _____

Signature of Patient or Responsible Party