



Billing Policy

Payment is appreciated at the time service is rendered. If the service being provided to you is **under \$200**, payment is required in full at the time of service. The only exceptions to this policy are patients covered by the Veteran's Administration or Medicaid. For your convenience, we accept VISA and MasterCard. We also accept personal checks, however a \$10 service charge is assessed on all returned checks. We will submit a claim to your insurance company on your behalf. Any reimbursement will be sent to you.

If the service being provided is **over \$200**, we will collect any unmet deductible and your co-insurance at the initial appointment. At time of delivery, your insurance will be billed. We encourage you to contact your insurance and inquire about your major medical portion for DME (durable medical equipment) services prior to your visit. We are participating providers with Blue Cross of Idaho, Idaho Physicians Network (Primary Health, Riverside), Tricare, Pacific Source, and the Idaho Veteran's Administration. We submit claims to all other insurance companies including Medicare and Medicaid as a courtesy to our patients; however, we do not bill or process auto insurance claims. Neither your insurance nor Brownfield's can guarantee payment, therefore, if your insurance does not pay what you expected, then the deficient amount is your responsibility and also must be paid within 60 days of the service. Any amounts received by us from your insurance company will be refunded to you if overpayment has occurred.

Shoes and inserts: Most insurance plans do not cover orthopedic shoes or other foot supports (orthotics). A narrow exception permits coverage of special shoes and inserts for certain Medicare patients with diabetes. Contact your insurance company for information.

If custom products are required which are not covered by insurance, Brownfield's will ask for a 50% deposit before placing an order or beginning manufacture. **ALL CUSTOM ITEMS ARE NON-REFUNDABLE.**

If you need financial assistance, we can provide you with information on an outside lending agency, Care Credit. Upon acceptance by this credit company, you can receive a no interest, no fee loan for up to 18 months. For information go to their website at www.carecredit.com

DELINQUENT ACCOUNTS:

If payment in full is not received within 90 days of the date of service, we will send you notice, by mail, that your account has become delinquent. If payment is not received within 10 days of the delinquency notice, your account will be referred to a collection agency unless you have arranged an installment payment plan. In order to arrange a payment plan, you must come to the office and sign a promissory note within 10 days of the date on the delinquency notice that you receive from us. A 2% interest rate will be charged monthly to delinquent accounts (\$5 minimum). If your account is referred to a collection agency, it cannot be retrieved and your credit rating may be damaged.

I understand and agree that I am ultimately responsible for the balance of my account for any professional services rendered. I understand and agree to the stipulations of Brownfield's, Inc. credit policy above.

Patient (or responsible party) Signature _____ Date _____ Patient Name