Patients With High Deductibles

The insurance landscape has changed over the last several years-premiums and co-pays have increased significantly and high deductibles have become more prevalent.

Although we have tried to maintain our current policy of billing insurance first and then billing the patient once we have obtained the explanation of benefits (EOB), the number of patients who have high deductible plans have increased to the point where we can no longer continue in this manner.

We will continue to bill your insurance so our charges will contribute towards your deductible, but we will now request **PAYMENT AT TIME OF SERVICE** if the majority of your deductible has not been met at the time of your appointment with us. We will require a debit/ credit card be on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. If we collect more than what your insurance allows, and, you are no longer in active treatment, we will refund any credits on your account after all balances have been satisfied.

Your credit card information is kept confidential and secure and payments to your card are processed **ONLY** if you do not pay at the time of service or your portion is greater than estimated at the time of service.

☐ ***I authorize Ankle & Foot Clinics Northwest to charge the portion of my bill that is my financial responsibility to the following credit/ debit card:***

☐Amex ☐Visa ☐Mastercard ☐Discover

Credit Card Number _____

Expiration Date _____ / _____ Security Code On Back_____

Cardholder Name _____

Signature _____

Billing Address _____

City _____ State_____ Zip _____

☐ ***I request to receive 1 statement prior to my card being charged.***

I (we), the undersigned, authorize and request Ankle & Foot Clinics Northwest to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by Ankle & Foot Clinics Northwest. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60 day notification to Ankle & Foot Clinics Northwest in writing and the account must be in good standing.

Patient Name (Print): _____ Date of Birth:_____

Patient Signature: _____Date:_____/_____/ _____