

**Acknowledgments and Financial Policy**

1. **The patient and insurance information is correct to the best of my knowledge. It is my responsibility to notify Flatirons Foot & Ankle Clinic of any changes.**
2. **I understand that insurance coverage is not a guarantee of payment from my insurance company and that I am financially responsible for all services rendered. In instances of insurance plans where Dr. Steed is a non-participation provider all charges will be paid for at the time of service.**
3. **I understand that co-payment is due at the time of service and any charges that are billed to me are to be paid in full 10 days from the statement date unless other arrangements have been made with the Office Manager. If arrangements are not made with the Office Manager finance charges will be applied as outlined in item #7.**
4. **I understand that if I do not make monthly payments on my pre-arranged payment plan by the date due, payment in full will be expected.**
5. **I authorize the release of any information, including medical information, which is necessary to secure payment or process insurance claims.**
6. **A photocopy of this authorization is to be considered as a valid as the original.**
7. **I understand that if I do not pay all charges and late fees by the 30 day time limit, after issued a final notice, my account will be sent to a collection agency. I will be liable for all fees incurred to collect the charges for all services received. These fees will include all court costs, attorney fees, and collection agency fees. Finance charges of 15% will be added to the unpaid balance each month the account is not paid full.**

\_\_\_\_\_  
Initial & Date

<b>8. I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so choose) and understood the Notice.</b>
---

I have read and understood this document.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date