



Ankle & Foot Care Specialists, PLLC

Excellence in Comprehensive & Compassionate Care
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DR. ISSAM N. MANSOUR

Board Certified American Board of Podiatric Surgery
Fellow American College of Foot & Ankle Surgeons

OFFICE POLICY AND CONTRACTUAL AGREEMENT

Thank you for choosing Ankle and Foot Care Specialists. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our office policy and contractual agreement, which we require that you read and sign before any services are rendered. Be aware that some services are not considered medical necessity and may not be covered by your insurance company. Our practice is committed to providing the best treatment possible for our patients. Please let us know if you have any questions or concerns.

TERMS OF PAYMENT:

- **Payment is due when services are rendered. This includes but is not limited to copays, deductibles and balances owed.** If you are unsure of this information, our receptionist will be happy to assist in providing it for you. Your insurance policy is a contract between YOU and YOUR INSURANCE COMPANY. We are NOT a party to that contract. We will also extend our courtesy in filing your insurance claims for you.
- Be aware that you are directly responsible for any insurance payment that is sent to you. The determination of payment is made by your insurance company according to your individual plan. Fees for services rendered are due to Ankle and Foot Care Specialists REGARDLESS of the actions of your insurance company. An account is considered past due if payment is not received within 30 days. If payment is not received from your insurance company within 60 days from the date of service, then the balance becomes the patients' responsibility. If your account is turned over to our collection agency, there will be a 35% collection cost added to your overdue balance. We are happy to work on a payment plan before we send your account to collections. Please speak to our office manager if you would like to rectify the situation before action is taken.

REFERRALS/AUTHORIZATIONS:

- It is YOUR responsibility to know if you are required to have a referral and/or authorization for any service. It is also the PATIENTS responsibility to provide our office with the appropriate documentation needed to satisfy your contract with your insurance company. Please note that we are happy to assist you in obtaining these documents, however, you are liable for all services rendered without prior approval.

❖ As a friendly reminder, be sure we have your correct insurance information!

I _____ have read this agreement and understand that this is a binding contract between Ankle and Foot Care Specialists, PLLC and I. I agree to the terms and conditions set forth above. I understand that if I breach any term or condition in this agreement or default in my payments to Ankle and Foot Care Specialists, PLLC, for services rendered, this agreement may be used against me in court.

Signature: _____

Date: _____

