



## Princeton Foot & Ankle Associates, PC

Medical and Surgical Treatment of the Foot and Ankle

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### Princeton Foot and Ankle Associates

#### Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. The following is a statement of our financial policy, which we require that you read and sign prior to any office visit.

**Regarding Insurance:** We require a copy of your insurance card and photo ID at the time services are rendered. If you have an HMO/QPOS insurance with which we have a contract, a proper referral is required from your Primary Care Physician containing a diagnosis, visits allowed and expiration date. Please keep track of your visits and expiration dates on your referral. It is not the responsibility of Princeton Foot and Ankle to remind you when it is time to get a new referral. If your referral expires or your visits run out and you are seen by one of our providers, you will be responsible for any resulting bill. If you have a co-pay on your insurance policy, you will be responsible for paying that co-pay prior to being seen. If you have a PPO/POS insurance with which we have a contract, you will be responsible for the co-pay listed on your card. If you have not met your deductible, you will be billed and payment will be expected. You are responsible for payment regardless of any insurance company's determination of usual and customary rates. Patients will also be responsible for the bill if the insurance has lapsed in coverage or is not in effect at the time of services. We accept cash, checks, Visa, MasterCard and Discover cards for payment.

It is the patient's responsibility to notify our office staff if insurance has changed.

**Medicare Patients:** Patients are responsible for meeting their annual deductible and paying for their co-insurance/ co-payment. We do file with secondary/ supplemental carriers. However, in the event the secondary insurance does not pay within 60 days, patients will be billed the balance. We must have a copy of your supplement insurance card as well as your Medicare card and photo ID at time services are rendered.

**Out-of-Network/ Self-Pay Patients:** If you have presented us with a health insurance card with which we are not contracted we will be glad to assist in giving the information that will allow you to be reimbursed from your insurance. If you are a self-pay patient, the charge for that day's visit is expected at time of check out.

**Regarding The Red- Flag Law:** As of November 30, 2009, Princeton Foot and Ankle Associates is required by law to take a copy of your insurance card along with a photo ID. This law was put in place to prevent identity theft. Office staff may ask you to present

your cards at the time services are rendered, so please bring your insurance cards and photo ID with you to every visit. We thank you for your cooperation in the matter.

**Regarding Lab Charges:** There will be an additional fee to your insurance company made by the outside lab for the processing and reading of your lab results. Any charges not covered by the patient's insurance will result in a bill, and will be the patient's responsibility.

**Regarding Authorizations:** Princeton Foot and Ankle Associates will be responsible for calling your insurance company to find out benefits or coverage for orthotics, MRI, DME, etc. The information provided to Princeton Foot and Ankle (and the patient) by the insurance company is never a guarantee of payment. Any resulting charges not covered by insurance will be the patient's responsibility (even if they have received a quote of coverage from Princeton Foot and Ankle).

Please notify Princeton Foot and Ankle Associates 24 hours in advance if you need to cancel an appointment. Any missed appointments may result in a charge.

Thank you for your understanding of our financial policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy (above). I understand and agree to this Financial Policy.

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Signature of Patient or Responsible Party

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Date

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Name of Patient or Responsible Party (Print)