

Daniel J. Walters DPM, P.C.
6545 W. Archer Avenue
Chicago, Illinois 60638
773-586-0050

Financial Policy

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our payment policy. We hope that by providing you with our financial policies we can prevent any misunderstanding or frustration at the time of your visit.

1. This office only verifies that the patient/members has insurance coverage. This office cannot guarantee payment by your insurance company. Your insurance carrier will determine payment at time of processing the charges. We will depending on circumstances bill secondary insurance.
2. The insured is responsible for all charges not paid by your insurance company. This includes deductibles, co-pays, co-insurance, out-of-pockets, and/or denials or non-payment based on specific policy issued or eligibility. Payment is required at the time services are rendered unless other arrangements have been made in advance.
3. All patient balances will be paid within 60 days of determination by your insurance company. If the balance cannot be paid, then a mutually agreement payment plan will be established between the office and this member.
4. I also agree that if it becomes necessary to forward my account to a collection agency, you will be charged 1.5% interest per month on the outstanding balance from the date your bill was due, and you will be responsible for all costs and expenses of collection. If account enters court the interest rises to 50% and responsible but not limited to our reasonable attorneys' fees
5. It is the responsibility of the patient to advise this office if their injury is work/auto related. You must provide this office with the employer's insurance name address, phone number, and case manager. Additionally, you will provide this office with the Workman's Compensation insurance carrier, phone number, case manager's name and claim number. If you choose to submit a work related claim to your health insurance and have the procedure performed, and the insurance carrier denies the claim, the full balance will become the patients' responsibility.
6. This office is not contracted with Illinois Department of Public Aid and any services provided will be your responsibility and paid at time of service, unless you have a written agreement with Dr. Walters' Office. If you have Illinois Department of Public Aid as a secondary insurance, you will be responsible for all charges not paid by your primary insurance carrier.
7. Patient credit in amounts less then \$25.00 will be retained on accounts to be credited toward future balances unless a written request for refund is received. Amounts \$25.00 and greater will automatically be refunded to the patient/guarantor.
8. If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from your office before seeing a specialist retroactive referrals are not guaranteed.
9. Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellation in requested 24 hours prior to the appointment. We reserve the right to charge for missed or late canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the financial policy of Daniel J. Walters D.P.M. P.C. I agree to assign insurance benefits to Daniel J. Walters D.P.M. P.C. whenever necessary.

Signature of insured or Authorized Representative: _____

Date: _____