

**COLUMBIA PODIATRY
DR. DANIEL METHUSELAH, D.P.M.**

Office and Financial Policies

We would like to thank you for choosing Dr. Daniel Methuselah as your medical provider. To keep you informed of our current office and financial policies we are providing you with the following information. Please contact us if you have any questions or concerns regarding these policies.

Office Hours and Appointments:

Our office hours are Tuesday and Thursday 9:00 A.M. to 4:00 P.M. and Friday 9:00 A.M. to 3:30 P.M. The physician performs surgery on Wednesdays. If you need to cancel or reschedule an appointment, please do so as far in advance as possible.

Fees and Insurance:

Any patient without an insurance card will be charged as self pay.

If your insurance plan requires a prior approval for services, please be sure to obtain your referral prior to your office visit.

We currently participate with most major insurance carriers. Please contact your insurance carrier to determine whether or not we are a participating provider with your insurance plan. If we do not participate with your insurance carrier, you will be responsible for payment at the time of service. In addition, it is your responsibility to notify us of any changes in your insurance status.

There will be a 5.00 charge for re-billing on any patient balance over 30 days delinquent. Any balance that is not paid in full after 30 days will be charged an extra 1.5% interest per month. Any bill over 90 days from date of service may be sent to collections. If this occurs, you will be responsible for an additional 35% collection fee charge.

Self Pay:

Payment is due at the time of service.

Insurance:

Please bring your insurance card with you to your appointment. All applicable co-pays, deductibles or non covered services are due at the time of service. We accept cash, personal checks, MasterCard and Visa.

Please understand that you will be financially responsible for all charges whether or not they are paid by your insurance carrier. In addition, Medicare or other insurance carriers may not cover some podiatric services and you will be responsible for any non-covered services.

Surgery Deposits:

If you wish to schedule surgery with our office, you will be required to pay any applicable co-pays, deductibles or non covered services at the time of your pre-op appointment. The amount due is determined by your insurance benefits.

Medicare:

We are a participating provider with Medicare. Medicare will pay us directly and provide you with an "Explanation of Medicare Benefits". We will also bill your supplemental insurance, but you are responsible for payment of deductibles, co-pays and any services not covered by Medicare or a secondary insurance.

Returned Checks:

A 33.00 charge will be added to your account for any check returned by your bank.

Disability Forms:

There will be a charge of 10.00 for every form completed.

X-rays:

We will provide you with a copy of your x-rays upon request. There is a 5.00 charge per x-ray that must be prepaid. Please allow 5-7 business days from the time of your request.

Medical Records:

We will provide you with a copy of your medical records upon request. There is a 12.00 clerical fee + a .65 additional fee per page charge that must be pre-paid. Please allow 5-7 business days from the time of your request.