Katherine E. Chou, DPM

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OFFICE FINANCIAL POLICIES

Payment of Benefits to the Physician/Provider

Dr. Chou has agreed to accept Medicare and/or certain Health Insurance for payment of your medical bills. You authorize Dr. Chou and her business associates to submit claims to Medicare or your Health Insurance on your behalf. You also authorize payment of Medicare or Health Insurance benefits to be sent directly to Dr. Chou. By your signature below, you acknowledge and understand that you are fully responsible for any yearly deductible and/or coinsurance balance after Medicare or your Health Insurance has paid Dr. Chou. You understand that you are financially responsible for any charges that are not covered by your Health Insurance. You are responsible for understanding your medical coverage prior to receiving treatment from Dr. Chou. If you fail to give updated or current information and the claim is denied, you will be totally responsible for the entire balance.

Please be aware that not all services are covered by insurance. We will do our best to tell you in advance if a service is covered or not, but you are responsible for asking about coverage if you are uncertain. You will be financially responsible for any claims rejected as non-covered services.

Deductible Payment Policy

Effective immediately, patients who have not met their deductible must make an upfront payment on the day of service. This payment is based on an estimate of what your insurance will apply towards your deductible. Please note, the final amount may vary once the insurance claim is processed. There is no change in your total payment responsibility. Any remaining balance will be billed, and overpayments will be refunded to the method of payment.

Medical Records

Your medical records are available to you upon written request. We charge a small administrative fee of $10 to print physical copies of all medical records, including a disc for x-rays. Please note that we can only provide you with the records generated by Dr. Chou's or Dr. Spector's office.

You may request to have your records shipped to you or an authorized party for an additional $10 shipping fee. For security reasons, we send the records via tracked mail only.

Method of Payment

Payment is required at the time service is rendered. Please present your insurance card(s) to our office staff for scanning and verification of benefits. You will be responsible for any copay or coinsurance amount at the time of your visit. A $50 late fee will be charged if copay is not paid at time of service. In the event your check is returned for any reason, your account will be charged $25. In the event it is necessary for your account to be placed with an outside collection agency or attorney, you will be assessed an additional 30% of the balance to recover the collection charges. We file your medical insurance as a courtesy. If your claim is not paid within 90 days, the claim will be transferred to patient responsibility. If timely payment is not received, the account may be referred to a collection agency or attorney.

For your convenience, we accept cash, personal checks, American Express, MasterCard, Visa, Discover.

Cancellation Policy

You will be charged $55 in the event that you miss your appointment or cancel/reschedule your appointment with less than 24 hours notice. If you are 10 minutes late to your appointment, you will be asked to reschedule.

We are happy to provide you with a paper copy of the office financial policy upon request.