Gilbert Podiatry Associates, P.C.
Barbara A. Davis, D.P.M

Financial Policy

The goal at Gilbert Podiatry Associates, P.C., is to provide you with the best care possible. Although the cost of the medical care continues to rise, we will do all we can to provide affordable care, and work with you financially. Below, you will read a summary of our financial policies. Please review these carefully, sign, and date the form.

I understand that payment is expected at the time service is rendered, unless other arrangements have previously been made. This includes applicable coinsurance and copayments for participating insurance companies.

I understand that cash, personal checks, VISA, MasterCard, and Discover are accepted for payment. I also understand that HSA and FSA cards are accepted, provided they have VISA or MasterCard logo. I understand that there is a $30.00 charge for returned checks.

I understand that I am responsible to cancel the appointment 24 hours prior to the appointment date/time.
I understand that if I miss any appointment, or fail to give 24 hours notice, I will be charged $40.00.
I understand that I will be charged $20.00 for each instance of Disability/FMLA paperwork preparation.

I understand that Gilbert Podiatry Associates, P.C., will file my healthcare claims to my insurance on my behalf as a courtesy. I understand that I am responsible for my deductible, copay, and coinsurance. I also understand that if the insurance denies the claim, I may be responsible to contact the insurance company, or to pay the claim in full.

I understand that if I am enrolled in a managed care plan (HMO), a referral, or authorization may be required before seeing Barbara A. Davis, D.P.M. I also understand that this is ultimately my responsibility and I may be asked to obtain this prior to treatment. I further understand that I may be responsible for payment if the referral or authorization is not obtained.

I have read and understand the Gilbert Podiatry Associates, P.C.'s financial policy. I agree to assign insurance benefits to Barbara A. Davis, D.P.M. (Gilbert Podiatry Associates, P.C.). I also agree that if it becomes necessary to forward my account to a collection agency for any remaining balance due, I will be responsible for any fees charged by the collection agency for the cost of the collections.

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Signature of Patient or Guarantor Date