

**Able Prosthetic Care, Inc.**  
**PAYMENT POLICY**

Thank you for choosing Able Prosthetic Care, Inc. as your prosthetic care provider. We are committed to providing you with the finest care available. Therefore it is very important that we all understand and agree upon the financial obligations which will be incurred as a result of the services rendered. Please read the following policy and sign below. A copy of this policy will be provided to you.

**A If you have insurance coverage**

1. Proof of insurance. It is your responsibility to provide current, valid proof of insurance. If you fail to provide us with the correct insurance information or do not have an up-to-date insurance card we cannot properly file your claim and you will be responsible for all charges incurred. Please contact your insurance company if you are unsure of your coverage.
2. Coverage changes. If your insurance changes, please notify us before your next visit to avoid unexpected charges.
3. Claims submission. As a courtesy, Able Prosthetic Care, Inc. will file a claim with your insurance company for any products or services provided and assist you in any way we can to help get your claim(s) paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim(s).
4. Co-payments and deductibles. Prior to beginning any custom made device or delivery of off-the-shelf items, we will estimate the co-payments and deductibles you may incur based on the information we obtain from you and your insurance company. The anticipated patient portion is due prior to beginning the construction of any custom device or delivery of off-the-shelf items. Any amounts left unpaid by the insurance company will be the responsibility of the patient. Note: We are required by law and/or our contracts to make every effort to collect all patient portions due.
5. Non-covered services. Please be aware that some services and/or products may not be covered by Medicare or other insurers. You must pay for these services in full at the time of visit or prior to beginning any custom device.

**B If you do not have insurance coverage**

If you are not insured by a plan we do business with, payment in full is due upon delivery of products or services and must be paid at the time of service.

On Custom Prosthetic Devices: The total balance is due at the time of the initial impressions and prior to beginning the construction of the device.

On Non-Custom Devices and/or Supplies: Payment in full is expected upon delivery of the product or service.

Non-Warranted Repairs: Payment is due in full at the time of service.

**C. Nonpayment/delinquent account**

If a balance remains unpaid for over 90 days past due we may refer your account to a collection agency.

It is not our intention to place our patients in a position of hardship or financial burden. However, it is important to resolve outstanding balances in a mutually agreeable fashion so that we can continue to provide our patients with high quality care. It is for this reason that no exceptions will be made to this policy without a written agreement. If you need special financial consideration it is your responsibility to request it prior to the provision of products or services. Thank you for your understanding and cooperation in this matter.

**Please let us know if you have any questions or concerns.**

I have read and understand the above payment policy and agree to abide by its terms.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 2/21/11